

IMPACT OF A MENTAL-HEALTH RADIO COMMENTARY SERIES
ON LISTENERS SELF-REPORTED
PERCEPTUAL AND BEHAVIORAL CHANGES

By

BURT GORDON BERTRAM

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by

Burt Gordon Bertram

for my children,

Ugena, Shenley, Mackenzie, and Britton

Because . . .

as important as is personal achievement . . .

Nothing is as important as
life's special people.

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Abstract of Dissertation Presented to the Graduate School
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Burt Gordon Bertram

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In the past 10 years, the practice of "media mental-health" has become a new specialty within the mental-health professions. Yet, little is known of the impact on listeners or viewers of these activities.

The purpose of this study was to investigate the impact of a six-part radio broadcast media mental-health commentary program on the topic of assertive interpersonal confrontation. Associations between subjects' self-reported interpersonal confrontation perceptual and behavioral changes (i.e., beliefs, attitudes, intentions, and behavior) were studied in regard to the number of commentaries heard, the four components of persuasive communication (i.e., receiver, source, channel, and message characteristics) and subjects' usual interest in psychological or self-help topics.

A questionnaire was mailed to 1,450 "regular" listeners to the station. Subjects voluntarily completed and returned the questionnaire. Of those returned, 108 qualified for inclusion in this study. Data analyses indicated that, as a group, the respondents were predominantly female, clustered from late 20's to early 30's, well educated, almost exclusively "white collar" employed, and generally interested in psychological topics.

The findings of this study indicated that the radio commentary series resulted in self-reported perceptual and behavioral change for a high percentage of the subjects. Seventy-five percent of the subjects reported positive change in their beliefs about the use of assertive interpersonal confrontation. Sixty-seven percent indicated positive change in attitudes and 75% reported intention to change future confrontation behaviors. Regarding behavior changes, 62% of the subjects reported that, since the conclusion of the commentary series, they had engaged in at least one assertive interpersonal confrontation. Behavior change was not, however, statistically significantly associated with the number of commentaries heard, the four components of persuasive communication, or reported interest in psychological or self-help topics.

It was concluded that the persuasive communication activities of the media mental-health commentator in this study changed some people to some degree. However, the explanation for the reported change remains unknown.

CHAPTER I

INTRODUCTION

It was not too many years ago when the only mental-health professional who routinely traveled America's celebrity landscape was Dr. Joyce Brothers. She would appear regularly on the Johnny Carson Show or make guest appearances on other television "talk" shows. Today, mental health professionals can be found "on the air" in almost every major and medium size city in America. According to Dr. Jacqueline Bouhoustos, founder of the Association for Media Psychology (AMP), the newest Division of the American Psychological Association (APA), the media role of psychologists and other mental-health professionals has grown dramatically during the past 6 to 10 years (J. Bouhoustos, personal communication, September 23, 1986). Mental-health professionals have become consultants to television and motion picture production endeavors and frequent guests on local radio and television shows. In many cases, mental-health practitioners have become "media personalities" in their own right. On a national level, notable examples of mental-health professionals who have become national celebrities include author, lecturer, and media personality Wayne Dyer; radio and television talk show hostess Dr. Ruth Westheimer;

and nationally syndicated radio talk show hostess Dr. Toni Grant. On the national level, as well as in hundreds of cities across America, mental-health professionals are creating, through the media, a new vehicle of professional identity and service. Mental-health professionals have developed commercially successful radio and television call-in programs, some have become psychological or mental-health "news reporters," and others have developed and broadcast short mental-health education commentary programs (J. Bouhoutsos, personal communication, September 23, 1986; J. Bouhoutsos, personal communication, February 1983; M. Mantel, personal communication, February 1983; R. McCall, personal communication, September 22, 1986; N. Payn, personal communication, February 1983; D. Turkat, personal communication, February 1983).

The Problem

New professional endeavors create new professional questions, or at least, old questions applied to new settings. The implications for the mental-health professions resulting from the practice of media mental-health are potentially important if professionally accurate, ethical, and effective media mental-health practice can also be commercially profitable television or radio. There are many essential, but unanswered, questions concerning these new endeavors:

- (1) What are the potential benefits of such programming?
- (2) What abuses must the mental-health professions guard against?
- (3) What or how much can be successfully transmitted through the media?
- (4) Can the impact of such programming be measured?

The field of media mental-health is so new that little substantive research on it exists. Michael Broder, Ph.D., President-Elect of the Association for Media Psychology, reported that "the face of this activity [media mental-health practice] changes so rapidly that it is old before it can be published" (M. Broder, personal communication, September 22, 1986). Bouhoutsos and her associates have recently published the first two data-based studies regarding the impact of media mental-health radio call-in programming. These studies, reported in the October, 1986, issue of Professional Psychology: Research and Practice, are the first to address directly aspects of the practice of radio psychology, or mental-health call-in programs (Bouhoutsos, Goodchild, & Huddy, 1986). One of their studies investigated the impact of psychological call-in programs on the "caller," while the other investigated the impact on "listeners" to psychological call-in programs. Both studies generally supported the

"helpful and educational" value of psychological or mental-health radio call-in programs.

The Bouhoutsos and associates studies are the only published data-based researches that directly apply to the activities of media mental-health professionals. This study, however, focused exclusively on the impact of mental-health call-in programming. No research could be located that has attempted to determine the impact of "news psychology" programming or of mental-health commentary programming.

The Need

The need for data about the impact, effect, and outcome, in terms of cognitive, attitudinal, or behavioral change, of all the various media mental-health endeavors was apparent. If media mental-health practice is to gain general professional acceptance, all the forms of media practice must be submitted to rigorous inquiry.

The Purpose of the Study

The purpose of this study was to investigate the impact of a specific six-part radio broadcast media mental-health commentary program on the topic of assertive interpersonal confrontation. Associations between subjects' self-reported interpersonal confrontation perceptual and behavioral changes (i.e., beliefs, attitudes, intentions, and behavior) were studied in regard to the number of commentaries heard, the four

components of persuasive communication (i.e., receiver, source, channel, and message characteristics), and subjects' usual interest in psychological or self-help topics.

Burgoon and Ruffner (1974), writing in a speech and communications textbook, could have been talking about the process of counseling and psychotherapy when they said,

As we [people] mature, certain of our ideas about the nature of reality tend towards becoming absolute convictions; our affective behavior follows more or less fixed patterns; and our cognitive processes--that is, the way in which we think, analyze and interpret--become less open to change. Thus communicators who seek to change our attitudes, emotions and perceptual framework often must deal with rather ingrained tendencies and predispositions.
(p. 377)

Counselors and psychotherapists do what Burgoon and Ruffner have described; they seek to "change attitudes, emotions and perceptual frameworks" among people and, in so doing, must contend with "ingrained tendencies and predispositions." When communicators (i.e., teachers, advertisers, counselors, etc.) seek to influence or change other people, they are engaging in the process of "persuasion" (Bettinghaus, 1973). Dunnam, Hubertson, and Shostrom (1968) suggested that counselor-generated "actualizing persuasion" is the force that "moves the counselee" toward self-awareness, honesty, and trust. The traditional practice of counseling and psychotherapy

provides the practitioner with a multitude of persuasion skills and techniques employing every available learning channel (i.e., visual, auditory, and kinesthetic) while concurrently using a wide range of adjunct resources, strategies, and therapies. The media mental-health professional, and in particular the radio mental-health commentator, must rely solely on the effective use of verbal persuasion.

The broadcast of a radio mental-health commentary is probably best described as a form of verbal persuasive.

Persuasion [verbal] is a process whereby decision options are intentionally limited or extended through the interaction of messages, sources, and receivers, and through which attitudes, beliefs, opinions, or behaviors are changed by a cognitive restructuring of one's image of the world or of his frame of reference. (Larson, 1973 p. 10)

Therefore, it is appropriate to employ the theory and research strategies from the fields of public information/awareness and persuasive communication to investigate this new specialty within the counseling, psychology, and mental-health professions.

Scope of the Study

Data were gathered by invitation from "known and/or assumed" radio station WJYQ-FM Orlando listeners who voluntarily completed and returned a mailed survey questionnaire. Self-reported outcome data were studied and analyzed.

Definitions of TermsRadio Industry Terms

- (1) Media Market: The total potential population covered by a given radio or television station.
- (2) Metro Market: The total potential audience within a specific metropolitan area.
- (3) Total Survey Area (TSA): The total potential audience in range of the signal of the radio or television station.
- (4) Area of Dominate Influence (ADI): The segment of the population (demographically) that is reached by a particular station.
- (5) Psychographics: The values, attitudes, hopes, expectations, wishes, fears, etc. that are generally true for members of a particular radio station audience.
- (6) Average Quarter Hour Share: The average number of listeners tuned to a particular radio station each quarter hour.
- (7) Target Audience: The specific audience (demographically and psychographically) that a broadcast program or commercial is designed to reach.
- (8) Audience Share: The proportional amount of the listening/viewing audience tuned to a particular radio/television program at any given time, as

measured by professional media audience survey activities.

Media Mental-Health Practice Terms

- (1) Media Mental-Health Practitioner: A trained and/or licensed/certified mental-health professional who engages in a professional activity through the public electronic media (i.e., television or radio).
- (2) Media Psychologist: A licensed/certified professional psychologist who engages in a professional activity through the public electronic media (i.e., television or radio).

Assertive Communication and Training Terms

- (1) Assertiveness: A respectful style of interpersonal interaction intended to clearly communicate the ideas and needs of the speaker without sacrificing the respect of the receiver.
- (2) Confrontation: An assertive interpersonal interaction intended to invite another person to examine his/her behavior or attitude as it relates to the perspective of the communicator.

Public Awareness and Persuasive Communication Terms

- (1) Belief: The cognitive information a person possesses about a particular person, object, event, or activity.

- (2) Attitude: A learned, emotional (i.e., feeling) predisposition to respond in a consistently favorable or unfavorable manner with respect to a given person, object, event, or activity.
- (3) Intention: A person's (externally or internally) acknowledged desire to perform various future behaviors.
- (4) Behavior: Action which has already been engaged in by a person.
- (5) Source Factors: Characteristics associated with the person, group, or entity who is delivering a persuasive communication.
- (6) Message Factors: The type or style of the persuasive message including the order of arguments, one-sided verses two-sided messages, type of appeal (emotional, logical, high-fear or low-fear), and whether the conclusion of the message is implicit or explicit.
- (7) Receiver Factors: The individual differences or characteristics of audience members including persuasibility, initial position on the issue, intelligence, self-esteem, personality and demographic traits.
- (8) Channel Factors: Characteristics associated with the communication medium (i.e., television,

radio, direct face-to-face communication, or printed communication).

- (9) Likeability: The listener's affective response to the commentator (i.e., the perceived level of warmth and congeniality expressed by the commentator). Likeability is a "Source" factor.
- (10) Expertise: The listener's perception of the commentator as possessing genuine knowledge of the subject. Expertise is a "Source" factor.
- (11) Trustworthy: The listener's affective and cognitive assessment of the commentator's believability, creditability, and integrity. Trustworthy is a "Source" factor.

Overview of Remaining Chapters

In Chapter II, four topics are reviewed: (1) the current state of the art of the practice of media mental-health, (2) the field of assertive interpersonal communication as it relates to the creation of the broadcast treatment series, (3) the literature regarding the success and failure of public information/awareness campaigns as vehicles for public persuasion, and (4) the theory and research applications of persuasive communication. Chapter III presents the methodological approach used in this study, characteristics of subjects, background information about radio station WJYQ-FM in

terms of target audience and areas of dominance, instrumentation, research null hypotheses, methodological procedures, and a discussion of the development of the treatment commentary series. Chapter IV presents the data analyses and results of the testing of the null hypotheses. Chapter V is a discussion of the conclusions, implications, and recommendations for further study.

CHAPTER II

REVIEW OF THE RELATED LITERATURE

The review of the literature in this chapter focuses on (1) a description of the current practice of media mental-health, (2) the field of assertive communication as it relates to the creation of the broadcast series, (3) the success and failure of mass media public information campaigns, and (4) the theory and research applications of persuasive communication.

Media Mental-Health

The field of media mental-health is new. The practice of media mental-health, or media psychology, has gained general wide-spread popularity only during the past 6 to 8 years.

The Origin of Media Mental-Health Practice

The origin of media mental-health practice springs from both the mental-health professions and from the radio industry. There are 8,359 radio stations operating in America; 4,749 of these are AM and 3,610 are FM (Hannaford, 1986). Almost from their inception radio stations have sought to establish a unique identity within a given community by "staking-out" certain predictable music and announcer-style programming. Over the years, as the number of radio stations has grown, the variations and styles of station programming have continued to

splinter. For example, today there are 1,904 "Adult Contemporary" programming formats, 63 of which define themselves as "Soft Adult Contemporary" (Hilliard, 1985). Approximately 20 years ago, there began a trend in the radio industry toward "Talk Shows." This trend, along with "News and Information" programming, became "a natural" for AM stations as station management struggled to cope with the loss of their listenership as a result of the improved music broadcast ability of the FM signal.

Hilliard (1985) summarized the trend toward talk shows.

Talk shows have proliferated on the national and regional levels, as well as on local stations, and many talk shows are syndicated, stressing both serious and frivolous concerns, capturing audiences interested in esoteric and/or popular subjects. (p. 200)

Hilliard (1985) further suggested that "Call-in programs deal with people, frequently lonely, who want to express themselves on the radio" (p. 316). Call-in programs exist today on almost every imaginable topic from politics to home repair, from personal finances to the occult.

The impetus for mental-health professionals to become involved in the media grew out of an awareness within the mental-health professions that the general public, beyond the actual/potential client or patient population, was genuinely interested in psychological and mental-health information. In 1969, George Miller, a Fellow in the American Psychological Association, admonished his

colleagues to "give psychology away" (Good, Simon, & Coursey, 1981). One study, which investigated the media activities of members of the American Psychological Association, reported that in 1980, 29% of the 990 APA members surveyed reported having spent "some time" informing the public via media about psychological services, while 19% used the media to communicate the psychological consequences of current or proposed social polices (McCall & Stocking, 1982). Then-President James E. Kilgore of the American Association for Marriage and Family Therapy (AAMFT) urged marriage and family therapists to educate the public through the media about the value of marriage and family therapy (Kilgore, 1979). Radio call-in, talk shows; psychological "news reporting"; and mental-health radio commentaries therefore became convenient, available vehicles for educating the public and for the "giving away" of psychological and mental-health insight.

There is little in the professional literature which addresses, in any manner, the topic of media mental-health services. Monaghan, Wah, Stewart, and Smith (1978) investigated the types of calls received by "talkback radio" programs in Brisbane, Australia, and concluded that talkback radio is an agent of community psychology even if the talkback host or hostess is not a trained mental-health professional. Bascue and Coche (1980) reported on

results from 35 doctoral level psychologists who appeared on television concluding that, "while anxiety-provoking, appearing on television in a professional capacity can be rewarding both personally and professionally" (p. 761). Frank (1983) posed four questions and then proceeded to respond, from her experience, to each question. She inquired:

- (1) What business does a psychologist have on the six o'clock news?
- (2) Is there enough "news" in psychology to support a weekly appearance on a news broadcast?
- (3) What can you possibly say in 90 seconds anyway?
- (4) How would I go about saying it? (pp. 37-38)

Frank's responses, although interesting, provided no substantive evidence of the impact of the efforts of the "news psychologist."

In another related study, Runco and Pezdek (1984) reported on the impact of television and radio on the creativity of children. In a controlled study of third and sixth graders, the researchers found that the use of television and radio had little or no effect upon the creativity of those children.

Bouhoustsos, Goodchild, and Huddy (1986) reported the "startling finding" that half of the urban adults in their sample indicated having "listened to people whom they primarily identified as psychologists (people giving advice and information about human relationship over the radio)" (p. 413).

Broadcast and advertising researchers and other authors have documented the ingredients of successful radio and television commercial messages (Conrad, 1983; Hall, 1984), as well as radio programming (Blume, 1983; Hilliard, 1985). Yet, with the very recent exception of the Bouhouotsos et al. (1986) study, there was almost nothing in the professional literature to substantiate the relative benefits of these professional endeavors.

The Practice of Media Mental-Health

The practice of media mental-health began in earnest less than 10 years ago. According to Bouhouotsos (personal communication, February 1983), in 1980, the American Psychological Association, in their code of ethics, expressly prohibited the "giving of personal advice" over the media. APA's position changed in 1981, when they began drafting ethical guidelines for media psychological activities. Over five years later, APA is now coming to consensus on these important ethical issues. Ethical guidelines for the practice of psychology through the media will "soon be published" (J. Bouhouotsos, personal communication, September 23, 1986). These guidelines will closely resemble those drafted by the Association for Media Psychology in 1982.

There appear to be four primary forms of media mental-health practice. The first, and most widely known, features the media mental-health professional as the host

or hostess of a local or syndicated radio or television call-in program. The listening or viewing audience is invited to phone in and discuss with the professional the listener's personal concerns, be they relationship, marital, family, sexual, stress, career, or existential. The media mental-health professional fields the phone calls and provides whatever assistance he/she deems appropriate, including general observations, recommendations, or referral. A debate has raged within the American Psychological Association, as well as within the Association for Media Psychology, regarding whether services provided by the mental-health call-in host or hostess, while talking with a caller, can be construed as providing therapy, or whether the discussions remain in the area of mental-health education (J. Bouhoutsos, personal communication, September 23, 1986). Dr. Michael Broder, President-Elect of the Association for Media Psychology, suggested several prominent examples of commercially successful radio call-in programs with large local or national audiences. Dr. Toni Grant, one of the pioneers in talk-radio, based in Los Angeles, is a part of the Mutual Broadcast Network system of 100 radio stations. "Talk-Net," one of the largest talk radio networks in the country, carries the Dr. Harvey Rubin program, heard over 283 radio stations. In New York City, Dr. Ruth Westheimer and Dr. Karen Blaker have established large listening

audiences for their call-in programs. Finally, ABC Talk-Radio broadcasts Dr. Susan Forward and Dr. Sonia Friedman through its network of over 100 radio stations across the country (M. Broder, personal communication, December 30, 1986).

The second general type of media mental-health practice involves the production of media (i.e., radio and television) programming that uses excerpts from actual client interviews, both "well-person" interviews and interviews from actual therapy sessions. The pioneer program of this type was a 30-minute, pre-recorded, syndicated television program called "Couples." The program was hosted by Dr. Walter E. Brackelmanns, a psychiatrist from Encino, California (W. Brackelmanns, personal communication, February 1983).

The third type of media mental-health practitioner is the mental-health or psychology news reporter. Dr. Mike Mantel, a clinical psychologist from San Diego, is an example of such a reporter. Dr. Mantel, as a regular member of the local evening news team, prepared a 3-minute, pre-recorded, news story regarding some psychological-based concern (M. Mantel, personal communication, February 1983). One of the first media psychologists, Dr. Larry McCauley, also has been a practicing "psychological news reporter" on an Oklahoma City television station

for 8 years (L. McCauley, personal communication, February 1983).

Lastly, there is the media mental-health commentator who writes and broadcasts for television or radio a short 2- to 5-minute persuasive communication, commentary on some mental-health related topic. This investigator knows of no nationally syndicated mental-health commentators. This activity seems to occur most frequently on individual, local radio and television stations featuring local mental-health professionals.

Clearly, mental-health "on the air," in all its different forms, has become a reality within the mental-health professions. Many questions are just now beginning to be considered; few, if any, of these questions have been answered (J. Bouhoutsos, personal communication, September 23, 1986).

Assertiveness Training

The professional origin of assertion training is generally credited to the book Conditioned Reflex Therapy (Salter, 1949). However, the major credit for the current development of assertion training is attributed to Wolpe (1958) and Lazarus (Wolpe & Lazarus, 1966), who more clearly differentiated assertion from aggression and used various role-play procedures as part of their assertion

training (Lange & Jakubowski, 1976). Since their pioneer work, assertion training has gained general popularity during the past 12 to 15 years. Beginning with the "Women's Movement," the skills, philosophies, and teaching strategies have become common for diverse audiences such as adult women and men, children, adolescents, the elderly, and other special populations. Such training is conducted in community colleges, public adult continuing education programs, business and management development seminars, and a host of other community-based organizations and associations (Cotler & Guerra, 1976; Linehan, Goldfried, & Goldfried, 1979; McCaffrey, 1983; McVicar & Herman, 1983; Twentyman & Zimerung, 1979; Warehime & Lowe, 1983).

There is general agreement within the literature regarding the appropriate format, design, and content necessary for an assertiveness training program. Authors agree on the necessity for content instruction, participant role-playing, behavior rehearsal, instructor/facilitator modeling, and on-going behavioral feedback and support (Eisler, Hersen, Miller, & Blanchard, 1975; Gambrill & Richey, 1975; Linehan, Goldried, & Goldfried, 1979; McFall & Lillesand, 1971; McFall & Twentyman, 1973; Nelson & Howell, 1983). A "typical" assertiveness training course outline involves five to eight 2-hour

sessions occurring on a weekly basis and concluding with a follow-up session several weeks later (Jakubowski-Spector, 1973; Lange & Jakubowski, 1976; Meehan & Goldkopf, 1983; Warehime & Lowe, 1983). See Appendix A for a typical course outline.

The literature overwhelmingly supports the effectiveness of traditional assertiveness training. For example, McVicar and Herman (1983) reported on the impact of assertiveness training on a group of women age 24-53 years. The subjects showed significant increases in assertiveness and decreases in discomfort in assertive situations. In another study, Meehan & Goldkopf (1983) reported a significant increase in assertive behavior among a group of women, ages 19 - 49 years, when evaluated seven weeks after the end of a five-week assertive training course. Participants in assertive training courses report the most helpful component of the course to be the area of interpersonal confrontation, in particular, "asking for a change in behavior" (Rich & Schroeder, 1976, p. 1084). These findings are supported by other authors with both similar and different participant populations. For example, Galassi and Galassi (1976) reported on a one-year follow-up study of a women's assertiveness class that indicated the experimental subjects were significantly different in terms of assertive behavior while the control subjects were not. The treat-

ment had consisted of eight, one-and-one-half hour group sessions over a four-week period. Authors Alberti and Emmons (1974); Herman (1978); Jakubowski-Spector (1973); McCaffrey (1983); Starke, DeVille, and Pennel (1983); Twentyman and Zimerung (1979); and Weiss (1982) also supported the benefits of assertiveness training for various client populations.

In summary, there is a clearly recognized body of professional experience, both research and applied, in support of the appropriate use and effectiveness of assertiveness training. Additionally, there is general agreement regarding the necessary topics, course design, and teaching style which result in a high-quality learning experience.

Public Awareness Campaigns

American history is replete with "public awareness campaigns." Perhaps the first recorded example is the campaign of pamphleteering and personal persuasion launched by Cotton Mather in 1721. At the outset of a smallpox epidemic, he sought to persuade the citizens of Boston to accept inoculation. By 1722, when the epidemic subsided, Mather was able to show that death from smallpox had been nine times more prevalent among the uninoculated (Paisley, 1981). On the political front, the publication of the Federalist Papers, beginning in 1787, marked the conscious beginning of another type of public awareness

campaign (Paisley, 1981). Throughout American history, countless groups, individuals, causes, and points of view have been submitted to the American people via public information campaigns in an attempt to alter, persuade, or influence perceptions, decisions, or personal actions.

During the past 15 to 25 years, the mass media has presented an increasing array of public awareness campaigns designed to teach audiences more appropriate patterns of behavior. These information campaigns usually consist of a series of promotional messages in the public interest disseminated through the mass media channels to target audiences (Atkin, 1981). Subject matter for these campaigns generally focuses on health topics, such as nutrition, disease, drugs, smoking, safety, and family planning; occasionally, topics have dealt with consumer advice, energy conservation, and public affairs (Atkin, 1981; Paisley, 1981).

Unsuccessful Public Awareness Campaigns

Authorities differ on the relative merits of these campaigns in terms of their measured effectiveness. There is a sizable volume of research which suggests that, in the main, the way public communication campaigns have been conducted thus far have resulted in little public change (Bauer, 1964; Dervin, 1976a, 1976b; Dervin & Greenberg,

1972; Klapper, 1960; Planalp & Honeycutt, 1985; Star & Hughes, 1950). Apparently, information campaigns fail for many reasons. Authorities suggest that failure is the result of four major problems: (a) 10% to 20% of the population is chronically apathetic; they may be labeled the "chronic know-nothings" (Hyman & Sheatsby, 1947); (b) simple information gain may not lead to attitude change; (c) desired changes in attitude or behavior do not occur because target beliefs are often deeply rooted; and (d) campaigns may not generate interpersonal influence felt to be necessary for effect (Douglas, Westley, & Chaffer, 1970). Other reasons for the failure of such campaigns have to do with bad message placement (i.e.; television and radio spots run at times when listener/viewership is low), complicated messages or different message themes within the same campaign, bad time of the year, or the presence of other salient issues and campaigns interfering with the efforts of the campaign (Salcedo, 1974). Additional reasons for failure have included "the absence or incorrect use of persuasive appeals, single channel campaigns, and short lengths of run" (Schmeling & Wotring, 1980, p. 34).

Successful Public Awareness Campaigns

There are, however, examples in the literature of successful campaigns, including drug abuse (Schmeling &

Wotring, 1980); anti-smoking (McAlister, 1981); heart disease prevention (MacCoby & Solomon, 1981); venereal disease "VD Blues," a television program (Greenberg & Gantz 1976); the National Driver Test television program for safe driving (Mendelson, 1973); and a responsible drinking campaign (Mendelson, 1973). The prevailing opinion of public information communication experts is that successful public awareness campaigns aimed toward the elimination or amelioration of major social problems are possible (Howitt, 1982; Smith, 1982).

Mendelson (1973) reported on the comprehensive and systematic development of a classic public awareness campaign, the 1965 CBS Television program titled, "The National Drivers Test." This campaign is widely considered to be one of the most successful public awareness campaigns ever conducted. The problem, as determined by the developers, was to devise a program that would overcome the expected apathy of the audience to the topic of driver safety. They wanted to create a way that viewers/drivers could be provided with insight into their driving without offending them. The designers had three objectives: (a) to overcome public indifference to traffic hazards, (b) to make bad drivers cognizant of their deficiencies, and (c) to direct these bad drivers toward correcting the problem. The results were surprisingly effective. Thirty million viewers watched the initial

airing of the program, resulting in a high audience share. CBS Television received mail responses from 1.5 million viewers, indicating that nearly 40% of those returning their test results failed. In a short time period immediately following the broadcast, 35,000 drivers nationwide actually enrolled in a driver improvement program. This 35,000 represented a threefold increase in previous total annual, voluntary enrollments. Warren Bush, author of The National Drivers Test, concluded that, "Perhaps it is this kind of individual self-discovery that is the necessary first step to genuine self-improvement" (Bush, 1965, p. xi).

Mendelson (1973) summarized the effort by concluding that "innovative information-giving formats, abetted by strong prior promotion, can overcome preexisting so-called public apathy to a great degree" (p. 55).

Mendelson (1973) also reported on the efforts of the Communication Arts Center's attempt to develop an information film on alcohol and traffic safety. The objective of the effort was to produce a film that would successfully communicate the message that even a small amount of alcohol will cause impairment of judgment, leading individuals to maximize awareness of potential or actual driving risks. A "quiet," 6-minute film that employed no spoken words was developed, using instead only

visuals, cartoons, and music. In a controlled study, Mendelson (1973) reported the following results:

50 percent of the subjects reported that the major message they received from the film was, "If you drink, don't drive"; 37 percent alluded to the idea that alcohol can cause misperceptions of risk as reflecting the major message of the film. (p. 56)

Mendelson did not, however, report measures of actual behavior change.

Short, public service announcements (PSA) are another area where some success has been reported. In 1976-77, the Florida Drug Abuse Program and the Communications Research Center at Florida State University collaborated to develop a series of three public service announcements designed to encourage viewers to reevaluate their drug use (Schmeling & Wotring, 1980). The campaign was conducted over a 100-day period on Tallahassee, Florida, television stations. Results indicated that the viewing of the program was high; 51% of the general sample and 48% of the target sample had seen the spot. For the "most memorable" spot, 53% of the sample were able to recall correctly the intended meaning. The "least memorable" spot was recalled by only 37% of the general sample and 28% of the target sample. Behavior change was more difficult to measure but was generally found to be less impacted. Schmeling and Wotring reported finding some significant, but not consistent, behavior changes.

McAlister (1981), in reviewing successful public information and awareness campaigns, suggested that communication aimed at influencing complex and persistent behaviors must perform three functions: (a) informing audiences about specific behaviors and consequences, (b) persuading audiences to cease or avoid those behaviors, and (c) training audiences in skills necessary to translate interventions into action. McAlister (1981) concludes by observing that "communications aimed at inducing behavior change often tend to emphasize the first two categories at the expense of the third" (p. 102). If behavior change is desired, skills training is essential.

Creating the Successful Campaign

Information campaigns can be successful when they are carefully created to avoid the pitfalls and when the design of the campaign follows some relatively simple guidelines (Schmeling & Wotring, 1980), including (a) Goal Statement--develop short and long range goals, (b) Target Audience--determine which "audience" should be the target for the accomplishment of the goals, (c) Message Design--learn what kind of messages the target audience is accustomed to responding to and use that information in the design, (d) Message Distribution--know what media to use and when to place your messages on those media for maximum coverage of the target audience, and (e) Evaluation--always plan at least some kind of evaluation effort to determine the effect of the campaign.

Deutschmann (1963) and Atkin (1981) indicated the necessity of dissecting the communication process into source, message, channel, and receiver factors to determine the role of each factor. In most campaigns, Atkin (1981) concluded that the strategist or the researcher has some control over the first three elements of the persuasive communication process (i.e., source, message, and channel), yet the optimum use of these component factors largely depends on a thorough understanding of the receivers in the target audience. "It is important to determine where the receiver is coming from before implementing the campaign" (Atkin, 1981, pp. 272-73). Broadcast-marketing author Warner (1986) suggested that "selling is a needs-satisfying, problem solving process" (p. v). He further reminded communicators that it is their responsibility to "stay close to the customer" (p. v), thereby, remaining aware of the consumer's needs and wants.

Relative to the necessity of "staying close to the customer" (Warner, 1986) and of knowing where the target audience "is coming from" (Atkin, 1981), Dervin (1981) offered a concept that seems to have relevance for media mental-health programming. Dervin (1981) theorized that traditional public communication messages are created to reflect an "information-as-thing" idea.

The information-as-thing idea says messages will have impact because the information in the message is assumed to have the kind of reality that things have, that is, physical substance. Because of this, it is assumed that information in messages can be transferred from place to place without change and that its applicability to one place is the same as its applicability to another. (p. 75)

Dervin (1981) argued that information has meaning for the recipient only in the context of the constraints within which it was created. As such, information is not a thing, but rather a construction, and it is the information experience that must be transmitted if the recipient is to have a chance at achieving a shared meaning with the message designer. She presents an alternative to the information-as-thing idea which she calls "information-as-construction."

The information-as-construction idea says that information is not a thing that can be transmitted as substance, but rather a creation inexorably tied to the time, place, and perspectives of its creator. Because of this, it is assumed that a message has information value to a receiver only to the extent that it can be interpreted, understood, and applied by the receiver to his/her own time, place, and perspectives. (p. 75)

She concluded by suggesting that information campaigns, if they are to be successful, should employ what she terms "the sense-making approach." This is accomplished by designing campaign messages in such a way that the target audience of the campaign is assisted in "making sense" out of the life situations that are the focus of the campaign message.

There are innumerable subtleties and variables affecting the potential success of a public information campaign which are beyond the scope of this dissertation. Therefore, the section which follows only highlights the research and theory from the literature on persuasive communication and further illuminates the variables associated with successful public awareness and information campaigns.

Persuasive Communication

For all practical purposes, the literature on persuasive communication begins with the pioneering work of the Yale Communication Research Program under the direction of Hovland (Fishbein & Ajzen, 1975). Hovland and his associates (Hovland, 1957; Hovland & Janis, 1959; Hovland, Janis, & Kelly, 1953; Hovland & Rosenberg, 1960; Sherif & Hovland, 1961) sought to investigate the factors that influence the effectiveness of persuasive communication. The "Hovland Model" of persuasive communication, as it is referred to in the literature (Fishbein & Ajzen, 1975; Himmelfarb & Eagly, 1973; McGuire, 1969; Triandis, 1971), can be summarized as consisting of the following component factors:

- (1) Source Factors: Characteristics associated with the person, group, or entity who is communicating to include expertise, trustworthiness, likeability, status, race, or religion.

- (2) Message Factors: The type or style of the actual message including the order of arguments, one-sided versus two-sided messages, the type of appeal (emotional, logical, high-fear, or low-fear), and whether the conclusion of the message is implicit or explicit.
- (3) Audience Factors: The individual differences or characteristics of audience members including persuasibility, initial position on the issue, intelligence, self-esteem, and personality traits.

The Hovland Model, then, encompasses source factors, message factors, and audience factors; the resulting attitude change, however, is mediated by the extent to which the persuasive communication was attended to, comprehended, and accepted. McGuire (1969) has suggested a clarification and expansion of the Hovland Model. Persuasion, according to McGuire, is regarded as a five-step process involving attention, comprehension, yielding, retention, and action.

Fishbein and Ajzen (1975) have concentrated on defining and clarifying what McGuire calls "action" and what Hovland referred to as "attitude change." Fishbein and Ajzen (1975) were critical of a persuasion model that did not include distinctions among beliefs, attitudes, intentions, and behavior.

Most research on communication and persuasion has examined the effects of variations in source, message, or receiver on one or more distinction variables. The major dependent variable in most studies is some measure of "attitude change," that is, change in a given belief, attitude, or intention. Relatively little attention has been paid to changes in actual behavior or to the retention of persuasive effects. (p. 455)

In the final analysis, it is actual behavior change and the retention of that behavior change which is the test of the impact of a persuasive message (Fishbein & Ajzen, 1975).

Reliable Persuasive Communication Effects

In the field of persuasive communication, experts disagree as often as they agree regarding those factors reliably related to outcome (i.e., change). There is, however, general agreement on the following:

- (1) Source Credibility: Greater persuasion, with more perceived expertise and trustworthiness of the source.
- (2) Issue Involvement: Less persuasion, with audiences who attach great importance to the issue (i.e., people who have firmly made up their minds are not likely to be persuaded).
- (3) Time Since Communication: Less persuasion, the further an opinion measure is removed in time after an effective persuasive communication.

- (4) Social Pressure: Greater persuasion, the more remote the communication opinion is from audience initial opinion, but only if source credibility is high.
- (5) Types of Defenses: Less persuasion, when the audience has knowledge sufficient to refute attacking arguments as compared to knowledge that just supports the attacked opinion (Ronis, Baumgardner, Leippe, Cacioppo, & Greenwald, 1977).

Investigations into the connection between attitude and behavior have determined that the relationship is contingent upon the context of the persuasive communication (Bagozzi, 1981). The relationship has been found to depend on

- (1) the stability of the person's or persons' attitudes (Schwartz, 1979),
- (2) the extent of prior experience with the focal behavior (Fazio & Zanna, 1978a; Regan & Fazio, 1977),
- (3) the degree of confidence in one's attitudes (Fazio & Zanna, 1978b),
- (4) The consistency between affective and cognitive response (Norman, 1975), and

- (5) the interaction between felt norms and attitudes
(Acock & DeFleur, 1972; Andrews & Kandel, 1979;
Sussmilch, Elliot, & Schwartz, 1975; Warner &
DeFleur, 1969).

A Theoretical Framework for Change

The model which follows is a summary of the Fishbein and Ajzen (1975) model of change in terms of beliefs, attitudes, intended behavior, and actual behavior.

People change as a result of being exposed to new information. This new information can be anything from any source, e.g., direct personal experience, intra-psychic insight, second-hand information, reading, role-playing, social experimentation, and a host of other human phenomena. Anything qualifies as new information if it in fact is new to the individual. "Changes in beliefs resulting from such exposure to new information provide the foundation on which rests the ultimate effectiveness of any influence" (Fishbein & Ajzen, 1975, p. 387). Attempts to change a given belief, attitude, intention, or behavior must take into account the relationship between that which is to be changed and the beliefs that are affected most immediately by the influence attempt. All externally initiated changes hinge on the communicator's ability to change beliefs. Beliefs are directly influenced in one of two ways:

- (1) Active Participation: A person can be placed or place themselves in a situation where he/she can personally observe that an object (person, thing, idea, event) has a given attribute which can result in the person gaining new information about the object.
- (2) Persuasive Communication: A person can be told by an outside source that the object (person, thing, idea, event) has a given attribute, and depending upon a variety of variables already discussed, he/she may choose to view this persuasive communication as legitimate "new information."

Beliefs. Effective persuasive communication is a developmental process which begins with "beliefs" (i.e., the cognitive constructs) which, like a series of building blocks, are constructed on one another to create a rational perception of reality. As such, one of the fundamental problems in any influence attempt is the identification of those beliefs that need to be changed in order to achieve the desired influence. Persuasive communicators knowingly or unknowingly make assumptions regarding the primary beliefs which must be influenced. The beliefs, which the persuasive communication is attempting to change, are called "target beliefs."

Attitudes. A person's attitude toward an object (i.e., their affective response) is determined by what is termed their "salient beliefs." Salient beliefs support the person's evaluation of the attributes of the object of the attitude. "Thus attitudes can be changed by changing one or more of the existing salient beliefs, by introducing new salient beliefs, or by changing the person's evaluation of the attributes" (Fishbein & Ajzen, 1975, p. 396). Therefore, in the process of developing a persuasive communication, the communicator must remember that attitude change is expected only if the "target beliefs" are initially part of the person's salient belief hierarchy, or if they become salient as a result of the influence attempt. "Attitude is viewed as determined by the sum of the person's salient beliefs about an object's attributes multiplied by his evaluation of those attributes" (Fishbein & Ajzen, 1975, p. 399).

Intentions. Fishbein and Ajzen (1975) describe an intention as being "composed of four elements--the behavior, its target, the situation, and time" (p. 400). As a consequence, intentions are fluid; they can change based upon the person's attitude toward the behavior and his/her "subject norms" (i.e., his/her belief that important others think he/she should or should not perform a given behavior). Until a person intends to

change his/her behavior, there will be no change in behavior. "If an influence attempt fails to produce a change in intention, no change in behavior can be expected" (Fishbein & Ajzen, 1975, p. 405).

Behavior. Fishbein and Ajzen (1975) see behavior change as the ultimate measure of the effectiveness of a persuasive communication. They summarized their persuasive communication model as follows:

Thus, in order to change behavior, an influence attempt should be directed at the intention to perform that behavior. To change that intention, however, it will be necessary to focus on attitudes toward the behavior or subjective norms. Attitude toward the behavior, or any other attitude, can be changed by influencing primary beliefs about the attitude, object, or the evaluations of its attributes. The latter variable, however, is also determined by beliefs, namely, primary beliefs about the attributes. (p. 406)

Persuasive communication is a developmental process that results in a "chain of effects" (Fishbein & Ajzen, 1975, p. 406) which leads from changes in beliefs to changes in attitudes which results in a change of intention and ultimately a change of actual behavior.

Summary

The practice of media mental-health, in all its different forms, is clearly a new reality within the mental-health professions. Many questions are now being posed; few, if any, have been answered. In terms of

media mental-health commentary programming, much can be learned from the extensive literature available regarding the success and/or failure of mass media public information and awareness campaigns. The component factors of persuasive communication (receiver, source, channel, and message) can assist the media mental-health commentator to clarify his/her thinking regarding the potential impact of his/her message. Finally, the resulting impact (i.e., outcome) of a persuasive communication (i.e., mental-health commentary), when viewed through the Fishbein and Ajzen model, consists of a chain of effects which begins with a change of beliefs, proceeds to a change of attitudes, then to a change of intentions, both of which are necessary for actual behavior change. This theoretical model underlies the methodology in this study.

CHAPTER III

METHODOLOGY

The purpose of this study was to investigate the impact of a six-part radio broadcast media mental-health commentary program (with assigned homework) on the topic of assertive interpersonal confrontation. Associations between subjects' self-reported interpersonal confrontation perceptual and behavioral changes (i.e., beliefs, attitudes, intentions, and behavior) were studied in regard to the number of commentaries heard, the four components of persuasive communication (i.e., receiver, source, channel, and message characteristics) and subjects' usual interest in psychological or self-help topics. Subjects for this study were identified from a list of known and/or assumed frequent listeners to radio station WJYO-FM of Orlando.

Potential Subjects

One thousand four hundred and fifty adult potential subjects were contacted from names gathered by the radio station sales department during the 15 months previous to this study. The names were identified as known and/or assumed regular listeners to WJYO-FM. Characteristics of the subject population were determined by reviewing known demographics and psychographics of the WJYO-FM listener

audience. These characteristics, as reported by the station's sales department, suggest that the listening audience was predominantly female, ranging in age from mid 20's to late 40's predominantly Caucasian, and predominantly employed outside the home, generally in "white collar" occupations and professions. Thus, the listening audience represented a socioeconomically affluent strata of the people in metropolitan Orlando. The station, in its radio commercial sales activities, depicted the listening audience in a cartoon wherein hundreds of people are at a huge gathering. The men are dressed in smart business suits, the women in stylish cocktail attire. Most carry drinks in tall glasses. The caption reads: "Woodstock 10 Year Reunion" (WJYQ-FM, 1984).

The psychographics of the WJYQ-FM listeners represent a collage of impressions gathered and reported by David Sousa, Vice President for Programming. Listener characteristics include a desire to be soothed, relaxed, and calmed by listening to and singing along with tranquil and introspective ballad-type music; interest in or appreciation of things romantic or feeling oriented; and a desire to pursue the "American dream," to make good, and to become all they can be (D. Sousa, personal communication, December 1984).

Radio Station WJY0-FM

Radio station WJY0-FM operates on an assigned frequency of 107.7 megahertz and is owned and operated by Sudbrink, Incorporated. David Sousa, Vice President for Programming, is responsible for format design, music rotation, and creative direction at the station. WJY0 is a 24-hour per day, 100,000 watt station with a "soft adult music" format. Soft adult music formats feature vocal works of artists such as Barry Manilow, Barbra Streisand, Kenny Rogers, Lionel Richie, and Dan Fogelberg. The music format of the station is designed to appeal first to women 25-44 years of age, second to men 25-44 years, and third to adults 25 years and older (WJY0-FM, 1985). The "total service area" (TSA) of the station is a broadcast radius of approximately 100 miles. The TSA includes a population of approximately 1,750,000 people. The audience size, based upon a "typical" quarter hour of programming, is approximately 10,000 listeners, with as many as 25,000 - 40,000 different listeners "cycling-through" each hour of programming (Arbitron, 1983, 1984, 1985).

Generalizability

Radio stations, by their entrepreneurial nature, seek to appeal and then capture certain demographic clusters within a given market area. As such, the subjects in this study were, in all likelihood, similar to other radio

station audiences in America that appeal to the same demographic clusters. Therefore, the generalizability of this sample to other similar radio station program formats should be quite good. Generalizability of the sample to more divergent demographic clusters (e.g., teenagers, country music fans, jazz or classical fans, or Black or Hispanic audiences) is unknown. This specialized generalizability was a limitation of this study.

Instrumentation

A self-report questionnaire (Appendix B) was designed by the investigator to garner demographic and perceptual data as well as subjects' behavioral and perceptual changes. The questionnaire sought data regarding the following demographic and perceptual topics:

- (1) Receiver characteristics, including sex, age, education, occupation, and interest in psychological and/or self-help issues;
- (2) Channel characteristic, including the perception of radio commentaries as a useful vehicle for obtaining helpful information;
- (3) Source characteristics, including perceived likeability, expertise, and trustworthiness of the radio mental-health commentator; and
- (4) Message characteristic, including subject

evaluation of the understandability or comprehendability of the content of the commentaries.

Three other items on the questionnaire sought general information and feedback regarding the mental-health commentary program. Question 1 sought to identify listeners who had heard the mental-health commentary program prior to the treatment series. Question 2 requested respondents to indicate the number of treatment commentaries heard. The last question (Question 13) was a request for listener feedback regarding topics of interest for future commentaries.

Validity

A pilot study to establish content validity was conducted as a part of the development of the questionnaire. Twenty volunteers, who reflected the demographic characteristics of the WJYQ-FM listening audience, participated in the pilot study. This group reported that the questionnaire was easy to read and concluded that there was nothing about the questionnaire which they did not understand. Additionally, the design and wording of the letter of introduction (Appendix C), as well as the design and wording of the questionnaire, were in accordance with recommendations made by a professional mail surveyor (Erdos, 1970). Directions to each subsection were stated clearly.

The Questionnaire

Question 1 requested a "yes" or "no" response regarding prior listening to the mental-health radio commentary program. Question 2 inquired about the number of treatment commentaries heard.

Questions 3, 4, 5, and 6 related to demographic characteristics of the receiver (i.e., listener).

Question 7 sought information about each subject's degree of general interest in psychological and/or self-help topics.

Question 8 garnered respondents' perceptions of the usefulness of the format of radio commentaries (i.e., the channel).

Questions 9(a), 9(b), 9(c), and 9(d) related to characteristics of the source of the persuasive communication (i.e., the commentator). Each statement had a five-point, Likert-type scale ranging from "Not Likeable," "Not Expert," "Not Trustworthy" to "Very Likeable," "Very Expert," and "Very Trustworthy".

Question 10 investigated the message characteristic in regard to the potentially mitigating influence of the understandability or comprehensibility of the message as delivered in the commentaries.

Questions 11(a), 11(b), 11(c), and 11(d) were related to treatment outcomes and presented a six-point, Likert-type scale, ranging from "0" ("No Change," "No More Confident," "Not Become More Confrontive") to "4" ("Very Much Changed," "Very Much More Confident," "Become Very Much More Confrontive"). The sixth point on the scale ("5") was a "No Need for Change" response. Section (d) of question 11 sought to determine the post series broadcast frequency that subjects had actually engaged in interpersonal confrontations as a result of the learning or encouragement from the commentary series. A "Comment" section was also included for questions 11(a), 11(b), 11(c), and 11(d) so that subjects could clarify or expand upon their responses.

Question 12 provided respondents an opportunity to describe or explain anything about the questionnaire which they did not understand.

Finally, question 13 requested feedback from listeners regarding suggestions for future mental-health commentary programs.

In summary, the questionnaire was constructed to maximize content validity. All questions were developed at a reading level appropriate to the anticipated audience. The questionnaire also addressed the major constructs of the component factors of persuasive communication as outlined in the review of literature.

Null Hypotheses

This study evaluated the following hypotheses:

Hypothesis 1. There are no significant associations between the number of mental-health radio commentaries heard on the topic of Interpersonal Confrontation and subjects' self-reported changes in interpersonal confrontation beliefs, attitudes, intentions, or behavior.

Hypothesis 2. There are no significant associations between the characteristics of the receivers of a mental-health radio commentary series on the topic of Interpersonal Confrontation and subjects' self-reported changes of interpersonal confrontation beliefs, attitudes, intentions, or behavior.

Hypothesis 3. There are no significant associations between the characteristics of the channel of a mental-health radio commentary series on the topic of Interpersonal Confrontation and subjects' self-reported changes of interpersonal confrontation beliefs, attitudes, intentions, or behavior.

Hypothesis 4. There are no significant associations between the source characteristics of the mental-health radio commentator who broadcasted a commentary series on the topic of Interpersonal Confrontation and subjects' self-reported changes in interpersonal confrontation beliefs, attitudes, intentions, or behavior.

Hypothesis 5. There are no significant associations between the message characteristics of a mental-health radio commentary series on the topic of Interpersonal Confrontation and subjects' self-reported changes of interpersonal confrontation beliefs, attitudes, intentions, or behavior.

Hypothesis 6. There are no significant associations between subjects' usual interest in psychological and/or self-help topics and subjects' self-reported changes of interpersonal confrontation beliefs, attitudes, intentions, or behavior after having listened to all or any part of a mental-health radio commentary series on the topic of Interpersonal Confrontation.

The .05 level of significance was the minimum required for rejection of a null hypothesis.

Procedures

Sampling Process

The management of WJYQ-FM provided to the investigator a list of 1,450 names and addresses of known and/or assumed "regular" listeners to the radio station. All of these persons were sent the questionnaire described previously.

The Treatment Series

Six interconnected, mental-health education commentaries titled, "How To Tell Someone Something They Don't Want To Hear, But Need To Hear," were constructed

for use in this study (Appendix D). The commentaries were developed in accordance with Dervin's (1981) "information-as-construction" concept as well as Warner's (1986) "selling as a needs-satisfying and problem solving process" ideas. Each commentary was intended to speak "directly" to listeners about their real world concerns, thereby establishing a "personal" connection with the listener. Broadcasts of the treatment scripts did not differ from previously established procedures, policies, and standards for regularly scheduled commentary programs. The six commentaries developed for this study were each broadcast twice. Commentary one began on a Monday and was broadcast at 10 A.M. and again at 10 P.M. the same day. Commentaries two and three were broadcast on Wednesday and Friday of week one, then commentaries four through six were broadcast on Monday, Wednesday, and Friday, respectively, of week two. Therefore, each commentary was broadcast twice on the day of its airing.

The series was promoted on the station by broadcasters at least eight times per day for at least four days prior to the beginning of the treatment commentary series. Promotional activities for the series and/or the next installment in the series also occurred at least six times per day during the entire run of the series.

The content of the commentaries followed an "educational" approach to assertive communication and all commentaries had "homework" assignments; that is, listeners were requested to practice activities suggested in the commentaries (Appendix E). Each of the six interconnected commentaries was intended to impart a specific learning component.

Commentary #1. This initial commentary established the need for assertive interpersonal communication skills. A working definition of assertive communication was provided, followed by an overview of the goals and purposes of the series.

Commentary #2. The intent of this commentary was to define, compare, and contrast the terms "non-assertive," "aggressive," and "assertive."

Commentary #3. This commentary addressed five important considerations that should be contemplated prior to making a decision to engage in an assertive interpersonal confrontation.

Commentary #4. This commentary presented four steps of "assertive interpersonal confrontation." Listeners were provided examples of typical conversational dialogues for each step.

Commentary #5. This commentary began by (briefly) recapping the steps in an effective assertive

interpersonal confrontation. Listeners were then provided with a specific response that could be employed as a means of breaking through the defensiveness that occurs during a confrontation. The commentator then invited the listeners to participate in a "say-a-long" (i.e., behavioral rehearsal) as the defensiveness-defusing comments were stated.

Commentary #6. This final commentary was a "dress rehearsal" for the listener. All previous commentaries were summarized, with an emphasis on the construction and implementation of a responsible, assertive interpersonal confrontation. Special care was taken to prepare listeners to make commitments to using assertive interpersonal confrontations.

Data Collection Procedures

The series concluded on a Friday. One week later, a research packet was mailed to the 1,450 potential subjects. The contents of the packet were designed in accord with the recommendations of Erdos (1970) to create maximum interest and motivation. Subjects received a letter of explanation and an invitation to participate in the study signed by David Sousa (Appendix C); a questionnaire (Appendix B); and a self-addressed, stamped envelope. Also included in the packet, as motivation and compensation to the subject for his/her participation, was a complimentary ticket to a future seminar on "Managing Your Stress."

Data Analyses

Data were compiled and analyzed in cooperation with staff at the University of Central Florida's Computer Center. The Statistical Package for the Social Sciences (SPSS) was used for all analyses. A .05 level of confidence was used for statistical significance. Data analyses included frequency distributions to indicate subjects' responses on each questionnaire item. Further data analysis involved a series of chi-square tests for independence to determine statistically significant associations between reported changes of interpersonal beliefs, attitudes, intentions, and behavior as related to the number of commentaries heard, the four components of persuasive communication (i.e., receiver, channel, source, and message characteristics), and subjects' usual interest in psychological or self-help topics.

Methodological Assumptions

It was assumed that the known and/or assumed listener pool supplied by the radio station management was an accurate representation of regular listeners and that they did in fact listen. It was also assumed that these listeners had listened to other similar broadcasts. It was further assumed that there was sufficient motivation from the subjects to fully complete the questionnaire and to return it in the self-addressed envelop provided. From

a theoretical perspective, it was also assumed that changes in beliefs, attitudes, intentions, and behavior could in fact be accurately self-determined and self-reported. Finally, it was assumed that the subjects could self-determine, in a discriminating manner, their interpersonal confrontation beliefs, attitudes, intentions, and behavior.

CHAPTER IV

RESULTS

The purpose of this study was to investigate the impact of a six-part radio broadcast media mental-health commentary program on the topic of assertive interpersonal confrontation. Associations between subjects' self-reported interpersonal confrontation perceptual and behavioral changes (i.e., beliefs, attitudes, intentions, behavior) were studied in regard to the number of commentaries heard, the four components of persuasive communication (i.e., receiver, source, channel, and message characteristics), and subjects usual interest in psychological or self-help topics.

Research packets, including a letter of introduction and explanation from the radio station, a two-page questionnaire, a stamped and self-addressed return envelope, and a free ticket for admission to a stress management seminar were sent to 1,450 known and/or assumed regular listeners to radio station WJYQ-FM in Orlando, Florida.

From among the original 1,450 research packets mailed, 208 responses were returned. One hundred of the 208 indicated that the respondents had not listened and/or did not remember listening to any of the six broadcasts.

Therefore, 108 questionnaires qualified as usable, and all data reported are from those questionnaires.

Respondent Demographic and Other Characteristics

Seventy percent of the subjects participating in the study were female and 30% were male. These proportions matched the estimates of listenership genders provided by the radio station management. The age of the respondents also reflected reported listenership demographics; subjects ranged from 20 to 68 years of age, with most in the late 20's to early 40's.

Other demographic characteristics of the respondents were also consistent with the station's analyses of the listenership. For example, 44% of the subjects held a baccalaureate or advanced college degree and another 42% reported having completed some college coursework. The distribution of the respondents' occupations reflected the "white collar" image of the radio station listenership in that 92% percent reported being in either professional, business, or clerical occupations. Ninety-five percent of the subjects reported an interest in "psychological" or "self-help" related topics.

The subjects' demographic data mirrored the demographic and psychographic listenership profiles provided by the radio station management. The respondent

listeners were, as a group, predominantly female, in their late 20's to early 40's, well-educated, "white collar" or office employed, and, by their own admission, interested in psychological or self-help topics. Demographic data for the sample are found in Appendix F.

General Findings

Fifty percent ($n = 54$) of the subjects reported hearing 1 or 2 commentaries, while another 14 heard all 6 commentaries. The mean number of commentaries heard was 2.8; the mode was 2.0 (Appendix G).

Sixty-two percent of the subjects reported that they had, since listening to the series, behaved in more confrontive manners than was previously typical of them. Seventy-five percent of the subjects reported having changed their thoughts or beliefs about the positive effects of interpersonal confrontation. Sixty-seven percent also reported changes in their feelings or attitudes about the potentially positive effects of interpersonal confrontation. Finally, 75% of the subjects reported an intention to change their behaviors as a result of listening to the series. The data supporting these general findings are shown in Appendix H.

Subjects reported that the "channel" of radio commentaries was a useful way of obtaining helpful information. In fact, 77% of the subjects reported radio

commentaries to be "Quite Useful" or "Very Useful" (Appendix I).

The source of the treatment (i.e., the radio commentator) was generally perceived by the respondents as likeable, expert, and trustworthy. For example, almost 85% reported the commentator to be "Quite Likeable" or "Very Likeable"; 68% reported the commentator to be "Quite Expert" or "Very Expert"; and 72% reported the commentator to be "Quite Trustworthy" or "Very Trustworthy" (Appendix J).

The messages (i.e., the commentaries) were perceived by the subjects to be easily understandable. For example, 83% of the subjects reported the commentaries to be "Easy to Understand" or "Very Easy to Understand" (Appendix K).

Evaluation of Null Hypotheses

The six null hypotheses in this study provided a structure for the determination of significant associations between self-reported changes in beliefs, attitudes, intentions, or actual behavior as related to the number of treatment commentaries heard, the four components of persuasive communication, and subjects' usual interest in psychological or self-help topics. For the purpose of this study, the null hypotheses were not rejected unless there was a statistically significant

($p < .05$) association between behavior change and the measured characteristics. When more than one measured characteristic was included in the null hypothesis, 51% or more of the characteristics had to be significantly associated for the null hypothesis to be rejected.

Null Hypothesis 1

Hypothesis 1 stated that there are no significant associations between number of commentaries heard and self-reported changes in belief, attitude, intention, or behavior regarding interpersonal confrontation. Chi-square analyses were conducted to evaluate these associations (see Tables 1-4). To insure adequate cell frequencies for the chi-square analyses, the measured categories for belief change, attitude change, and intention change were collapsed; "Slight Change" and "Some Change" were combined as were "Quite A Change" and "Very Much Change." This was done because of insufficient frequencies in some cells to allow for all response categories to be used. The behavior change response categories were similarly collapsed to the categories of either "yes" or "no." The results shown in Tables 1-4 indicate that self-reported changes in beliefs, attitudes, intentions, and behavior were independent of (i.e., not associated with) the number of broadcasts heard. Therefore, null hypothesis 1 was not rejected.

Table 1

Commentaries Heard and Reported Belief Change

Commentaries	Belief Change					Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change		
One	3	14	3	0	20	
Two	8	17	6	1	32	
Three	3	14	5	1	23	
Four	2	8	2	2	14	
Five	0	1	0	0	1	
Six	1	6	4	3	14	
Total	17	60	20	7	104	

Chi-Square: 13.270 D.F.: 15 Significance: 0.5815

Table 2

Commentaries Heard and Reported Attitude Change

Commentaries	Attitude Change					Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change		
One	2	14	1	3	20	
Two	8	14	5	4	31	
Three	2	12	5	4	23	
Four	1	6	4	3	14	
Five	0	1	0	0	1	
Six	1	5	4	4	14	
Total	14	52	19	18	103	

Chi-Square: 13.592 D.F.: 15 Significance: 0.136

Table 3

Commentaries Heard and Reported Intention Change

Commentaries	Intention Change					Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change		
One	1	12	6	1	20	
Two	0	12	11	8	31	
Three	0	12	5	6	23	
Four	0	4	7	3	14	
Five	0	1	0	0	0	
Six	0	5	5	4	14	

Chi-Square: 13.659 D.F.: 15 Significance: 0.552

Table 4

Commentaries Heard and Reported Behavior Change

Commentaries	Behavior Change		
	No	Yes	Total
One	7	11	18
Two	12	18	30
Three	5	18	23
Four	3	9	12
Five	0	1	1
Six	4	10	14
Total	31	67	98

Chi-Square: 3.218

D.F.: 5

Significance: 0.666

Null Hypothesis 2

Null hypothesis 2 stated that there are no significant associations between the receiver characteristics of sex, age, education, and occupation and the self-reported changes of belief, attitude, intention, and behavior. Chi-square analyses were performed to evaluate this hypothesis. To insure adequate frequencies in each cell of the Chi-square analyses, belief, attitude, and intention categories were collapsed as described in the section for null hypothesis 1. Behavior change responses were also collapsed into either "yes" or "no." The data analyses yielded no significant associations; therefore, self-reported changes were independent of the receiver characteristics (see Tables 5-21) and null hypothesis 2 was not rejected.

Null Hypothesis 3

This hypothesis stated that there are no significant associations between the channel characteristic and subjects' self-reported changes in interpersonal confrontation belief, attitude, intention, or behavior. Chi-square analyses were conducted to evaluate these associations. To insure adequate cell frequencies, belief, attitude, and intention were collapsed. Behavior responses were again computed as "yes" or "no." The channel characteristic categories were also collapsed; "Slightly Useful" and "Somewhat Useful" were combined as were "Quite Useful" and "Very Useful."

Table 5

Sex and Belief Change

Sex	Belief Change					Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change		
Males	8	17	6	0	31	
Females	9	43	15	7	74	
Total	17	60	21	7	105	

Chi-Square: 5.494 D.F.: 3 Significance: 0.139

Table 6

Sex and Attitude Change

Sex	Attitude Change					Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change		
Males	7	13	7	4	31	
Females	7	39	13	14	73	
Total	14	52	20	18	104	

Chi-Square: 4.055 D.F.: 3 Significance: 0.255

Table 7

Sex and Intention Change

Sex	Intention Change					Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change		
Males	0	10	12	8	30	
Females	1	37	22	14	74	
Total	1	47	34	22	104	

Chi-Square: 3.012 D.F.: 3 Significance: 0.390

Table 8

Sex and Behavior Change

Sex	Behavior Change		
	No	Yes	Total
Males	11	19	30
Females	21	48	69
Total	32	67	99

Chi-Square: 0.141 D.F.: 1 Significance: 0.707

Table 9

Age and Belief Change

Age Group	Belief Change					Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change		
20s	7	12	6	1		26
30s	2	29	7	4		42
40s	6	11	5	1		23
50s	2	7	3	1		13
60s	0	1	0	0		1
Total	17	60	21	7		105

Chi-Square: 10.833

D.F: 12

Significance: 0.543

Table 10

Age and Attitude Change

Age Group	Attitude Change					Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change		
20s	4	15	2	5	26	
30s	4	23	7	7	41	
40s	5	9	5	4	23	
50s	1	4	6	2	13	
60s	0	1	0	0	1	
Total	14	52	20	18	104	

Chi-Square: 12.059

D.F.: 12

Significance: 0.441

Table 11

Age and Intention Change

Age Group	Intention Change					Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change		
20s	1	12	6	7	26	
30s	0	18	15	8	41	
40s	0	9	8	6	23	
50s	0	7	5	1	13	
60s	0	1	0	0	1	
Total	1	47	34	22	104	

Chi-Square: 7.554

D.F.: 12

Significance: 0.819

Table 12

Age and Behavior Change

Age Group	Behavior Change		
	No	Yes	Total
20s	9	15	24
30s	11	28	39
40s	6	17	23
50s	6	6	12
60s	0	1	1
Total	32	67	99

Chi-Square: 3.197

D.F.: 4

Significance: 0.525

Table 13

Education and Belief Change

Education	Belief Change					Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change		
Less Than High School	0	0	1	0	1	
High School Graduate	5	3	2	1	11	
Some College Coursework	6	27	10	2	45	
Baccalaureate Degree	3	17	2	3	25	
Advanced Degree	3	11	6	1	21	
Total	17	58	21	7	103	

Chi-Square: 16.802

D.F.: 12

Significance: 0.157

Table 14

Education and Attitude Change

Education	Attitude Change					Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change		
Less Than High School	0	1	0	0		1
High School Graduate	3	5	1	2		11
Some College Coursework	3	26	10	6		45
Baccalaureate Degree	3	12	4	6		25
Advanced Degree	5	6	5	4		20
Total	14	50	20	18		102

Chi-Square: 10.615 D.F.: 12 Significance: 0.562

Table 15

Education and Intention Change

Education	Intention Change				Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change	
Less Than High School	0	1	0	0	1
High School Graduate	0	6	2	3	11
Some College Coursework	1	24	12	8	45
Baccalaureate Degree	0	8	10	6	24
Advanced Degree	0	6	10	5	21
Total	1	45	34	22	102

Chi-Square: 9.933

D.F.: 12

Significance: 0.683

Table 16

Education and Behavior Change

Education	Behavior Change		
	No	Yes	Total
Less Than High School	0	1	1
High School Graduate	7	4	11
Some College Coursework	12	31	43
Baccalaureate Degree	7	16	23
Advanced Degree	6	14	20
Total	32	66	98

Chi-Square: 5.843 D.F.: 4 Significance: 0.211

Table 17

Occupation and Belief Change

Occupation	Belief Change				Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change	
Professional	5	17	5	2	29
Business	2	11	6	0	19
Clerical	10	26	9	4	49
Blue Collar	0	1	0	0	1
Homemaker	0	4	1	1	6
Total	17	59	21	7	104

Chi-Square: 6.662 D.F.: 12 Significance: 0.879

Table 18

Occupation and Attitude Change

Occupation	Attitude Change					Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change		
Professional	6	8	8	6		28
Business	2	10	4	3		19
Clerical	5	29	7	8		49
Blue Collar	0	1	0	0		1
Homemaker	1	3	1	1		6
Total	14	51	20	18		103

Chi-Square: 8.558

D.F.: 12

Significance: 0.740

Table 19

Occupation and Intention Change

Occupation	Intention Change				Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change	
Professional	0	9	15	5	29
Business	0	8	6	4	18
Clerical	1	26	10	12	49
Blue Collar	0	1	0	0	1
Homemaker	0	3	2	1	6
Total	1	47	33	22	103

Chi-Square: 10.374

D.F.: 12

Significance: 0.583

Table 20

Occupation and Behavior Change

Occupation	Behavior Change		
	No	Yes	Total
Professional	8	20	28
Business	2	15	17
Clerical	19	28	47
Blue Collar	1	0	1
Homemaker	2	3	5
Total	32	66	98

Chi-Square: 7.061 D.F.: 4 Significance: 0.133

The data analyses (see Tables 21-24) indicated a statistically significant association between subjects' self-reported changes in beliefs and a perception of radio commentaries as being a useful way of obtaining helpful information. There was also a statistically significant association between self-reported changes in attitudes and a perception of radio commentaries as useful. The analyses did not however, yield a statistically significant association between reported perception of radio commentaries as useful and a change in intention or actual behavior. Based upon the previously described null hypothesis rejection criterion, this null hypothesis was not rejected.

Null Hypothesis 4

Null hypothesis 4 stated that there are no significant associations between the source characteristics (i.e., likeability, expertise, and trustworthiness) and change in interpersonal confrontation belief, attitude, intention, or behavior. Chi-square analyses were conducted to evaluate this hypothesis. As previously described, the outcome measures of belief, attitude, and intention were collapsed to insure sufficient chi-square cell frequencies. Behavior responses were again either "yes" or "no." The three source characteristics were also collapsed to insure

Table 21

Commentaries As Useful and Belief Change

Useful	Belief Change					Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change		
Not Useful	1	0	0	0	1	
Slightly/ Somewhat Useful	7	14	0	0	21	
Quite/Very Useful	9	45	21	7	82	
Total	17	59	21	7	104	

Chi-Square: 17.930 D.F.: 6 Significance: 0.005 *

Note: * Significant at the .05 level of confidence

Table 22

Commentaries As Useful and Attitude Change

Useful	Attitude Change					Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change		
Not Useful	1	0	0	0	1	
Slightly/ Somewhat Useful	7	12	2	0	21	
Quite/Very Useful	6	39	18	18	81	
Total	14	51	20	18	103	

Chi-Square: 21.036 D.F.: 6 Significance: 0.002 *

Note: * Significant at the .05 level of confidence

Table 23

Commentaries As Useful and Intention Change

Useful	Intention Change					Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change		
Not Useful	0	0	0	1	1	
Slightly/ Somewhat Useful	0	11	5	5	21	
Quite/Very Useful	1	36	28	28	16	
Total	1	47	33	22	22	

Chi-Square: 4.941

D.F.: 6

Significance: 0.551

Table 24

Commentaries As Useful and Behavior Change

Useful	Behavior Change		
	No	Yes	Total
Not Useful	1	0	1
Slightly/ Somewhat Useful	10	10	20
Quite/Very Useful	21	55	76
Total	32	65	97

Chi-Square: 5.635

D.F.: 2

Significance: 0.060

adequate cell frequencies; the "Slightly" and "Somewhat" categories and the "Quite" and the "Very" categories for each were combined.

There were no statistically significant associations between perception of the commentator as likeable and reported changes (see Tables 25-28). Commentator expertise was statistically significantly associated with a reported change in attitude (see Table 30) but not with belief, intention, or behavior (see Tables 29, 31, and 32). Trustworthiness was statistically significantly associated with a reported change in belief and attitude (see Tables 33 and 34) but not with intention or behavior (see Tables 35 and 36). Therefore, based upon the previously described null hypothesis rejection criterion, this null hypothesis was not rejected.

Null Hypothesis 5

Null hypothesis 5 stated that there are no significant associations between the message characteristic (i.e., the treatment commentaries as understandable) and subjects' self-reported changes of interpersonal confrontation belief, attitude, intention, or behavior. Chi-square analyses were conducted to evaluate these associations. To insure adequate chi-square cell frequencies, belief, attitude, and intention responses were collapsed as has been described earlier. "Slightly

Table 25

Likeability and Belief Change

Likeability	Belief Change					Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change		
Not Likeable	1	0	0	0	1	
Slightly/ Somewhat Likeable	4	8	1	1	14	
Quite/Very Likeable	12	51	20	6	89	
Total	17	59	21	7	104	

Chi-Square: 8.263 D.F.: 6 Significance: 0.219

Table 26

Likeability and Attitude Change

Likeability	Attitude Change					Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change		
Not Likeable	0	0	0	1	1	
Slightly/ Somewhat Likeable	4	9	0	1	14	
Quite/Very Likeable	10	42	20	16	88	
Total	14	51	20	18	103	

Chi-Square: 12.124 D.F.: 6 Significance: 0.059

Table 27

Likeability and Intention Change

Likeability	Intention Change				Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change	
Not Likeable	0	0	0	1	1
Slightly/ Somewhat Likeable	0	6	2	5	13
Quite/Very Likeable	1	41	31	16	89
Total	1	47	33	22	103

Chi-Square: 7.433 D.F.: 6 Significance: 0.283

Table 28

Likeability and Behavior Change

Likeability	Behavior Change		
	No	Yes	Total
Not Likeable	1	0	1
Slightly/ Somewhat Likeable	7	6	13
Quite/Very Likeable	24	59	83
Total	32	65	97

Chi-Square: 5.212 D.F.: 2 Significance: 0.074

Table 29

Expertise and Belief Change

Expertise	Belief Change					Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change		
No Expert	1	0	0	0	1	
Slightly/ Somewhat Expert	8	13	3	2	31	
Quite/Very Expert	8	41	18	5	72	
Total	17	59	21	7	104	

Chi-Square: 10.562 D.F.: 6 Significance: 0.103

Table 30

Expertise and Attitude Change

Expertise	Attitude Change				Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change	
Not Expert	1	0	0	0	1
Slightly/ Somewhat Expert	8	20	0	3	31
Quite/Very Expert	5	31	20	15	71
Total	14	51	20	18	103

Chi-Square: 24.341 D.F.: 6 Significance: 0.001 *

Note: * Significant at the .05 level of confidence

Table 31

Expertise and Intention Change

Expertise	Intention Change				Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change	
Not Expert	0	0	0	1	1
Slightly/ Somewhat Expert	0	15	8	7	30
Quite/Very Expert	1	32	25	14	72
Total	1	47	33	22	103

Chi-Square: 4.861

D.F.: 6

Significance: 0.562

Table 32

Expertise and Behavior Change

Expertise	Behavior Change		
	No	Yes	Total
Not Expert	1	0	1
Slightly/ Somewhat Expert	10	17	27
Quite/Very Expert	21	48	69
Total	32	65	97

Chi-Square: 2.435

D.F.: 2

Significance: 0.296

Table 33

Trustworthy and Belief Change

Trustworthy	Belief Change				Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change	
Not Trustworthy	1	0	0	0	1
Slightly/ Somewhat Trustworthy	8	12	2	2	24
Quite/Very Trustworthy	8	45	19	4	76
Total	17	57	21	6	101

Chi-Square: 13.628 D.F.: 6 Significance: 0.034 *

Note: * Significant at the .05 level of confidence

Table 34

Trustworthy and Attitude Change

Trustworthy	Attitude Change					Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change		
Not Trustworthy	1	0	0	0	1	
Slightly/ Somewhat Trustworthy	8	13	0	3	24	
Quite/Very Trustworthy	5	37	19	14	75	
Total	14	50	19	17	100	

Chi-Square: 22.073 D.F.: 6 Significance: 0.001 *

Note: * Significant at the .05 level of confidence

Table 35

Trustworthy and Intention Change

Trustworthy	Intention Change					Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change		
Not Trustworthy	0	0	0	1	1	
Slightly/ Somewhat Trustworthy	0	10	5	8	23	
Quite/Very Trustworthy	1	36	26	13	76	
Total	1	45	31	22	100	

Chi-Square: 7.338 D.F.: 6 Significance: 0.291

Table 36

Trustworthy and Behavior Change

Trustworthy	Behavior Change		
	No	Yes	Total
Not Trustworthy	1	0	1
Slightly/ Somewhat Trustworthy	11	11	22
Quite/Very Trustworthy	20	51	71
Total	32	62	94

Chi-Square: 5.523 D.F.: 2 Significance: 0.063

"Understandable" and "About Average to Understand" were combined as were "Easy to Understand" and "Very Easy to Understand." Behavior responses were also computed as "yes" or "no."

The results indicated no statistically significant associations between subject's perceptions of the commentaries as understandable and reported changes in belief, intention, and behavior (see Tables 37, 39, and 40). There was, however, a statistically significant association between commentary understandability and self-reported changes in attitude (see Table 38). This association suggests that subjects who reported the commentaries as understandable were more likely than would be expected to have reported changes in attitude regarding interpersonal confrontation. Based upon the rejection criterion, null hypothesis 5 was not rejected.

Null Hypothesis 6

This hypothesis stated that there is no significant association between subjects' general interest in psychological and/or self-help related topics and change in interpersonal confrontation belief, attitude, intentions, or behavior. Chi-square analyses were conducted to evaluate this hypothesis. As previously reported, to insure adequate cell frequencies the response categories for belief, attitude, and intention were collapsed. Behavior responses were also computed as

Table 37

Commentaries As Understandable and Belief Change

		Belief Change				Total
Understandable	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change		
Not Understandable	1	0	0	0		1
Slightly/About Average to Understand	4	10	1	0		15
Easy/Very Easy to Understand	12	49	20	7		88
Total	17	59	21	7		104

Chi-Square: 9.613

D.F.: 5

Significance: 0.142

Table 38

Commentaries As Understandable and Attitude Change

		Attitude Change				
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change	Total	
Understandable	Understandable	1	0	0	0	1
Slightly/About Average to Understand		3	11	0	1	15
Quite/Very Understandable		10	40	20	17	87
	Total	14	51	20	18	103

Chi-Square: 13.729 D.F.: 6 Significance: 0.033 *

Note: * Significant at the .05 level of confidence

Table 39

Commentaries As Understandable and Intention Change

		Intention Change				
Understandable	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change	Total	
Not Understandable	0	0	1	0	1	
Slightly/About Average to Understand	1	8	3	3	15	
Easy/Very Easy to to Understand	0	39	29	19	87	
Total	1	47	33	22	103	

Chi-Square: 8.932

D.F.: 6

Significance: 0.177

Table 40

Commentaries As Understandable and Behavior Change

Understandable	Behavior Change		
	No	Yes	Total
Not Understandable	0	1	1
Slightly/About Average to Understand	8	7	15
Easy/Very Easy to Understand	24	57	81
Total	32	65	97

Chi-Square: 3.714 D.F.: 2 Significance: 0.156

"yes" or "no." All respondents indicated some interest in psychological and/or self-help topics; consequently, the response categories were collapsed into just two cells ("Slight/Some Interest" and "Quite/Very Interested").

The data analyses indicated statistically significant associations between psychological interest and reported change of attitude and intention regarding interpersonal confrontation (see Tables 42 and 43). There were no statistically significant associations between psychological interest and reported changes in belief or behavior (see Tables 41 and 44). Based upon the rejection criterion, null hypothesis 6 was not rejected. Behavior change, the assumed dependent variable, was not statistically significantly associated with an interest in psychological and/or self-help topics.

Limitations

Ideally, it would have been preferable to have sampled all actual listeners of the commentary series. However, identification of actual listeners was impossible. Therefore, subjects for the study were drawn from a pool of "regular" listeners who had, for some reason during the previous 15 months, initiated contact with radio station personnel. The use of these listeners as potential subjects assumed some commonalities of interests and/or perspectives. The validity of this assumption was, however, indeterminant.

Table 41

Psychological Interest and Belief Change

Interest	Belief Change					Total
	No Change	Slight /Some Change	Quite A Very Much Change	No Need for Change		
Slight/Some Interest	5	9	1	0		15
Quite/Very Interested	12	50	20	7		89
Total	17	59	21	7		104

Chi-Square: 5.895 D.F.: 3 Significance: 0.117

Table 42

Psychological Interest and Attitude Change

Interest	Attitude Change					Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change		
Slight/Some Interest	5	10	0	0		15
Quite/Very Interested	9	41	20	18		88
Total	14	51	20	18		103

Chi-Square: 12.554 D.F.: 3 Significance: 0.006 *

Note: * Significant at the .05 level of confidence

Table 43

Psychological Interest and Intention Change

Interest	Intention Change				Total
	No Change	Slight /Some Change	Quite A/ Very Much Change	No Need for Change	
Slight/Some Interest	0	11	0	3	14
Quite/Very Interested	1	36	33	19	89
Total	1	47	33	22	103

Chi-Square: 9.201 D.F.: 3 Significance: 0.027 *

Note: * Significant at the .05 level of confidence

Table 44

Psychological Interest and Behavior Change

Interest	Behavior Change		
	No	Yes	Total
Slight/Some Interest	6	8	14
Quite/Very Interested	26	57	83
Total	32	65	97

Chi-Square: 0.293 D.F.: 1 Significance: 0.588

Relative to the questionnaire, it would have been preferable to have asked many more questions and to have probed deeper into subjects' perceptions of change. Areas of additional questioning would have included prior experiences with interpersonal confrontation, cognitive and affective impacts of prior experiences, initial predispositions toward the use of interpersonal confrontation, and perceptions of the use of interpersonal confrontation among each subject's primary reference group. Ultimately, however, a "trade-off" between depth of information and frequency of return had to be made.

Nothing in the design of the study controlled for whether respondents heard (i.e., were exposed to) the commentary series. Nor was there any control for, or knowledge of, previous experiences or skills in interpersonal assertive confrontation. The study also did not control for or assess other potentially confounding influences which may have served to enhance subjects' learning (e.g., simultaneous participation in an assertive communication class at a local community college, self-directed reading or study on the topic, informal conversations with friends, or the effect or timing of relevant personal life events). The design of the study did not attempt to control for external events which many have detracted or inhibited the subjects' reported

changes. Finally, this study did not control for the plethora of individual life circumstances which may have influenced the subjects' needs for learning and using interpersonal confrontation skills.

Summary of the Results

The results of this study revealed that 62% of the subjects self-reported engaging in an interpersonal confrontation behavior as a result of the broadcast treatment series. Subjects also reported positive changes in their beliefs, their attitudes, and their intentions regarding interpersonal confrontation. The demographic data mirrored information provided by the radio station in terms of listenership demographic and psychographic profiles. Subjects also reported their interests in psychological and/or self-help topics, understandings of and approvals for radio commentaries as a useful way of obtaining helpful information, and positive responses to the likeability, expertise, and trustworthiness of the mental health radio commentator involved in this study. Nevertheless, there were no statistically significant associations between these characteristics and self-reported changes of interpersonal confrontation behavior. Therefore, none of the six null hypotheses were rejected.

CHAPTER V

SUMMARY AND RECOMMENDATIONS

In recent years the practice of media mental-health has become a new and unique specialty within the mental-health professions. Yet, little substantive research has been conducted to establish the potential impact of this new professional endeavor. Therefore, the purpose of this study was to examine the impact on listeners of a media mental-health commentary series on the topic of interpersonal confrontation. Specifically, this study investigated the perceptual and behavioral impact of listening to a six-part, mental-health radio commentary series on the topic of interpersonal confrontation.

The elements of a standard course in assertive interpersonal communication were condensed into six, three-minute commentary segments and then broadcast over a popular, adult-oriented Orlando, Florida, radio station. Associations between subjects' self-reported interpersonal changes (i.e., beliefs, attitudes, intentions, and behavior) were studied in regard to the number of commentaries heard, the four components of persuasive communication (i.e., receiver, source, channel, and message characteristics), and subjects' usual interest in psychological or self-help topics.

Research packets were mailed to 1,450 potential subjects. Respondents voluntarily completed and returned the questionnaire. Of the 208 returned, 108 qualified for inclusion in this study. Data analyses of the participating subjects' characteristics indicated that they were predominantly female, clustered in age from late 20s to early 30s, well-educated, almost exclusively "white collar" or office employed, and generally interested in psychological or self-help related topics.

The findings of this study indicated that the radio commentary series resulted in some self-reported perceptual and behavioral change. Seventy-five percent of the subjects reported some change in their belief about the use of assertive interpersonal confrontation. Sixty-seven percent indicated some change in their attitude regarding the topic and seventy-five percent reported some intention to change their future behavior. Regarding behavior change, 62% of the subjects reported that they had engaged in at least one assertive interpersonal confrontation since the conclusion of the commentary series. Although the majority of the subjects reported some behavior change, the extent of the change was not statistically significant.

Of the four component characteristics of persuasive communication evaluated (i.e., receiver, channel, source,

and message), none were found to be statistically significantly associated with reported changes in subject interpersonal confrontation behavior. Some support was identified for associations between reported interpersonal confrontation perceptual changes (i.e., beliefs, attitudes, and intentions) and the channel and source characteristics. Additionally, there were no significant associations between the number of commentaries heard and reported changes in interpersonal confrontation beliefs, attitudes, intentions, or behavior. There were, however, significant associations between subjects' usual interest in psychological or self-help topics and reported changes in interpersonal confrontation attitudes and intentions. This was not true for associations between subjects' usual interest in psychological or self-help topics and reported changes in interpersonal confrontation beliefs or behavior.

Generalizability

Radio stations, by their entrepreneurial nature, seek to capture certain demographic clusters within a given radio market. In contrast to traditional "broadcasting," the radio industry of today refers to a new marketing strategy known as "narrowcasting" (D. W. Weinberg, personal communication, August 15, 1986). The specific market "narrowcast" target for radio station WJYO-FM is

educated and employed women ages 28 - 54 years. This "narrowcasting" marketing strategy, whereby radio station programming formats are designed to appeal to certain demographic characteristics, has become a standard radio industry activity across the country (D. W. Weinberg, personal communication, August 15, 1986). Because of this activity, the respondents in this study are very likely similar to other radio station listeners, almost anywhere in America, where the target "narrowcast" is the same or similar. Therefore, the generalizability of this sample to other similar radio station programming formats is likely quite high. Generalizability of the sample to other, more divergent demographic clusters, is unknown. The results and implications of this study are therefore limited to the demographic characteristics as outlined.

Conclusions

The radio mental-health commentary series, as delivered in this study, on the topic of interpersonal confrontation changed some subjects to some degree. Subjects' self-reported some change in interpersonal confrontation beliefs, attitudes, intentions, and behavior. As had been hypothesized, these self-reported changes were not, for the most part, statistically significantly associated with the four component characteristics of persuasive communication, the frequency

of commentaries heard, or the subjects' usual interest in psychological or self-help topics.

Belief

Belief, as defined in this study, represents the cognitive structure within a person; the actual "thought" that occurs when a person contemplates engaging in an assertive interpersonal confrontation. According to the Fishbein and Ajzen (1975) model of persuasive communication, each person holds a "primary belief" regarding a topic. This primary belief was apparently successfully challenged by the commentary series in this study since 75% of the respondents reported a change in their thinking regarding the topic. However, the specific motivation or source of persuasion for this self-reported change remains unknown. Further, overall there was not a statistically significant association between the measured characteristics of persuasive communication, commentaries heard, or usual interest in psychological topics and subjects' self-reported interpersonal confrontation belief changes.

Attitude

Attitude, as used here, is a person's affective response to an object as determined by his/her "salient beliefs" (Fishbein and Ajzen, 1975). Similar to the primary belief discussed above, the commentary series used

in this study responded to and/or challenged the salient beliefs of the subjects because nearly two-thirds of them reported a change in their affective response to the topic of assertive confrontation. Something in the structure, delivery, source, or vehicle of the persuasive communication commentary used in this study apparently generated a feeling of affective confidence in the subjects. This confidence apparently resulted in the level of reported attitude change noted. However, the results of this study, as they relate to the measured persuasive communication characteristics or the number of commentaries heard provided little insight into the origin of this motivation for change. There was a statistically significant association between attitude and subjects' usual interest in psychological or self-help topics.

Intention

Intention, as defined in this study, represents the respondents' declarations to behave in some specified different way in the future. Specifically, three-fourths of the subjects indicated their intention to behave in a more confrontive way in the future than was typical of their interaction style prior to hearing the commentaries. Intention is described as the "trigger variable" in the "chain effect" (Fishbein & Ajzen, 1975) that begins with a change in beliefs, leads to a change in attitude, and

eventually brings about "intention" to behave differently in the future. As Fishbein and Ajzen (1975) pointed out, intentions are "fluid," and can and will change based on a person's beliefs and attitudes. A stated or acknowledged intention will lead to actual behavior change only if the intention is durable enough to withstand the influence of new and/or opposing beliefs and attitudes. Although three-fourths of the subjects indicated their intention to change future interpersonal confrontation behavior, there was little in the results of this study to substantiate these reported intentions as being statistically significantly associated with the measured persuasive communication characteristics or with the number of commentaries heard. There was a statistically significant association between intention and subjects' usual interest in psychological or self-help topics.

Behavior

It is actual behavior change, and the retention of that behavior change, which is the true test of the impact of a persuasive message (Fishbein & Ajzen, 1975). The subjects in this study did, in fact, report change of behavior. Nearly two-thirds (62%) of the subjects reported that they had actually engaged in a confrontive behavior since the conclusion of the broadcast treatment series. However, there was nothing in the

results of this study to account for this finding in that behavior change was not statistically significantly associated with the measured characteristics of persuasive communication, number of commentaries heard, or subjects' usual interest in psychological or self-help topics.

Discussion and Implications

It had been hypothesized that subjects who heard more commentaries would be more likely to self-report changes in belief, attitude, intention, or behavior. Overall, this was not the case. Whether a subject heard one, two, three, four, five, or all six of the commentaries did not alter the likelihood of reported change. Perhaps this might be explained in reference to the "trigger" capacity associated with change. That is, perhaps the mere mention of the topic was sufficient to arouse within the person a dormant need to be confrontive, such that they were sufficiently "persuaded" to take action.

Overall, the study did not show the persuasive communication dynamics to be associated with subjects' reported change. It is possible that many of the subjects were "open" to hearing the particular messages in the commentaries, and were, therefore, "ready" to take action. It is also possible that there occurred a natural "sifting" of subject responses wherein those subjects who were interested in the topic of interpersonal

confrontation were more likely to complete and return the questionnaires.

Subjects' reported some perceptual and behavioral interpersonal confrontation changes. However, these perceptual and behavioral changes were not, for the most part, statistically significantly associated with the measured variables. These findings suggest certain implications for persuasive communication theory and research, for the training of professional counselors, and for the practice and research of media mental-health activities.

Persuasive Communication Theory and Research

Influencing or changing public perceptions and/or behaviors is a highly complex process. Persuasive communication theory suggests that influencing or changing public perceptions or behavior is dependent upon an understanding of and control for the "receiver," "channel," "source," and "message" variables (Fishbein & Ajzen, 1975; Hovland, Janis, & Kelly, 1958). Atkin (1981) has also suggested that the outcome of a persuasive communication is the net result of an interactive effect of the receiver, channel, source, and message variables. This study was designed to evaluate the role of these four variables in the construction and delivery of a radio mental-health commentary series on the topic of inter-

personal confrontation. Results of this study provided no direct support for this theory. Subjects reported some perceptual and behavior changes; however, the strength or degree of those changes was unknown. Persuasive communication theory would have predicted these changes to be associated with the receiver, channel, source, and message characteristics measured. However, there were few statistically significant associations between the measured persuasive communication variables and likelihood of reported change.

These conclusions suggest several possible implications. The receiver, channel, source, and message characteristics investigated in this study may not be as critical to change as some other factors. For example, the variable of "issue involvement" (i.e., how important or relevant was the issue of interpersonal confrontation to the subject) was not directly evaluated. Subjects' "prior experience" with interpersonal confrontation also was not evaluated as a predictor of perceptual and/or behavioral change. Other persuasive communication theorists have suggested that "issue involvement" (Ronis, Baumgardner, Leippe, Cacioppo, & Greenwald, 1977) and "prior experience" (Fazio & Zanna, 1978a; Regan & Fazio, 1977) are critically important variables associated with the success or failure of a persuasive communication.

Future research into the potential impact of radio mental health commentary programming may be more fruitful if these two additional variables are evaluated.

As persuasive communication theorist Dervin (1981) argued, information has meaning for the receiver only within a given context. Information is not a thing nor a substance that can be passed from person to person without undergoing a change of meaning. Information has value and impact only to the extent that it can be interpreted, understood, and applied by the receiver. Warner (1986, p. v), a media marketing authority, encouraged advertising communicators to view selling as a "needs-satisfying and problem solving process" for the consumer. He further suggested that effective media selling (i.e., communicating) requires a "close to the customer approach" (p. v). Subjects in this study reported changes as a result of the commentary series but not as had been hypothesized because of the influence of persuasive communication dynamics or the frequency or extent of exposure to the treatment broadcast. If Dervin's "information-as-construction" concept, and Warner's "selling as a needs-satisfying" process are correct, then something within the mental-health commentary series employed in this study, beyond what was measured, must have communicated a message that, as Dervin

suggested, was "interpreted, understood, and applied by the receiver" (p. 75). Future research into other persuasive communication dynamics associated with listener change might identify other more central influencing variables.

Training of Professional Counselors

The results of this study demonstrate the potential impact upon listeners of opinions and viewpoints broadcast over the media. Professional counselors, whether as invited guests or as regular media mental-health practitioners, have opportunities to communicate their professional opinions or points of view through the media. This potential to influence large numbers of listeners must be approached with care. Counselors who have access to the media should remain ever conscious of their professional responsibilities and the ethics therein. This study suggested that there is substantial interest in psychological and self-help topics within the sample of this study. Counselors can provide valuable community mental-health education if they are able to accurately communicate complex human development dynamics in manners understandable to the general public. Counselor training and preparation programs should make students aware of the ethics and professional responsibilities associated with media appearance. Additionally, counselor education

programs might be expanded to include elective coursework in media mental-health practice as a specialty.

Media Mental-Health Practice and Research

Media mental-health practice is a new and as yet not fully defined specialty within the counseling and psychology professions. The practice of media mental-health is, therefore, relatively unstable owing to the peculiarities of the media marketplace. Media mental-health practitioners "come and go" based upon audience response to their programming (i.e., ratings) as well as a consequence of decisions made by radio and television station program directors. However, one central professional question remains: What is the measurable impact of this new professional endeavor? To that end, what implications do the results of this study suggest for the practice of media mental-health radio commentary programming?

All that is known for certain is that approximately two-thirds of subjects in this study reported that, as a result of the commentary broadcast, they had changed some aspect of their thinking, attitudes, intentions, or behavior regarding interpersonal confrontation to some degree. However, behavior change, as reported by subjects, was not associated with perceptions by subjects of the likeability, expertise, or trustworthiness of the

mental-health commentator or even the number of commentaries actually heard. Little in the results (i.e., in terms of the four dimensions of persuasive communication influence) supported the necessity of the commentary series to be broadcast by a mental-health professional.

On the other hand, the results of this study, in terms of subject self-reported changes, suggested that radio commentary listeners can be influenced through media mental-health programming. The treatment commentary series addressed the topic of interpersonal confrontation. Other relevant mental-health topics and skills could be presented to the listening audience through the vehicle of mental-health commentary programming. For example, topics such as anger management, reflective listening, intimacy sensitivity, career planning, stress management, and even divorce recovery, to name just a few, could conceivably be successfully communicated through a mental-health radio commentary program. Important and timely community mental-health topics could be addressed as the need arose. A timely example would have been to develop, in response to the space shuttle Challenger tragedy, a series of commentaries on the topic of grief management. The format of radio commentaries also could allow mental-health professionals to provide personal and interpersonal human

relations training to thousands of people within a given community. In general, quality life-management guidance could be obtained by the general public through simply listening to the radio in their cars, at home, in schools, or even in the workplace.

The results of this study, in terms of self-reported changes, are encouraging. However, to maximize programming effectiveness, further research is necessary to identify those variables most closely associated with listenership influence. Moreover, if the potential impact of the media mental-health practitioner was realized, it would require a radical re-thinking of many professional issues in the counseling and psychology professions.

Recommendations for Further Study

The field of media mental-health practice is new and little is actually known about the real and/or potential impacts of these professional activities. Research is needed regarding literally every aspect of this professional endeavor. Results of this study indicated that subjects reported some changes in perception and behavior regarding interpersonal confrontation. Unfortunately, however, why these changes took place remains unknown. Further research into the constellation of possible factors associated with reported listenership change is an important, necessary beginning. Many factors

and/or combinations of factors, including issue involvement, prior life experience with the commentary topic, timing or relevance of the commentary topic, and other perceptions of the commentator should be evaluated. Knowledge of these and other influencing factors could allow practitioners to more carefully direct the impact of their messages, thereby increasing the effectiveness of mental-health programming activities.

Another area for further study is determination of whether a mental-health commentator actually needs to be a mental-health professional. Is a professional credential an important and/or necessary requirement to effective mental-health education programming? The results of this study suggested that listenership perception of expertise was not associated with an increased likelihood of reported change. Research comparing the relative effectiveness of a mental-health commentary broadcast by a practicing media mental-health professional as compared to a professional announcer could begin to answer this important question.

Results of this study are limited to a specific demographic segment of the adult population. Another important area for further study would address the potential impact of radio mental-health commentary programming for different demographic populations. For

example, how much mental-health education for teenagers could be accomplished if an appropriate mental-health commentary program was aired over popular "rock and roll" radio stations?

The field of media mental-health has just recently begun to emerge as a distinct specialty. The actual and/or potential effects of this emerging professional endeavor remain unknown. The purpose of this study was to investigate self-reported perceptual and behavioral changes as a result of listening to a particular media mental-health commentary series on the topic of interpersonal confrontation. Subjects' reported changes of their interpersonal confrontation beliefs, attitudes, intentions, and behavior. However, these self-reported changes were not, for the most part, statistically significantly associated with the four component characteristics of persuasive communication, number of commentaries heard, or subjects' usual interest in psychological or self-help topics. The results of this study demonstrate the potential impact upon listeners of a mental-health radio commentary series. Further research into other factors associated with reported listenership change is necessary to clarify and substantiate the actual impact of the practice of media mental-health radio commentary programming.

APPENDIX A
TYPICAL ASSERTIVE TRAINING COURSE OUTLINE

Session 1: Introduction and Overview

Define "non-assertive," "assertive," and "aggressive," identify personal blocks to assertiveness (i.e., the self-statements that impede assertion).

Homework: identify four situations in which you want to become assertive.

Session 2: Refusing Regrets

Content teaching followed by participants role-playing several situations from own lives involving refusing requests. Leader coaches. Role-play in front of class exaggerating negative consequences.

Homework: maintain daily log of successful and unsuccessful assertions.

Session 3: Making Requests

Begin session by reporting on homework, present content topic (lecture and discussion), role-play, and class critique.

Homework: continue to record in log.

Session 4: Asking for a Change in Behavior

Check-in and monitor homework progress, present content topic (lecture and discussion). Focus class activities on: (1) describing other's behavior that is offending, in non-judgmental language, (2) express the emotion

experienced, (3) ask for behavior change, (4) define the positive and negative consequences for compliance or non-compliance.

Session 5: Self Disclosure

Check homework progress and critique behavioral activities. Teach content topic material, role-play, critique, participate in "Initiating Personal Conversation" activities.

Session 6: Summary and Review

Participants calculate progress, work on deficit areas, create Action Plan for continued improvement, create support network.

APPENDIX B
QUESTIONNAIRE

WJYO-FM & BURT BERTRAM
QUESTIONNAIRE

- 1) I have listened to some of Burt Bertram's commentaries prior to the series on "Confrontation."

Yes No

- 2) Relative to the specific six-part commentary series, "How To Tell Someone Something They Don't Want To Hear, But Need To Hear," I personally listened to:

One commentary Four commentaries
 Two commentaries Five commentaries
 Three commentaries All six commentaries
 None of the commentaries

- 3) I am: Male Female

- 4) My age: _____

- 5) My education: _____

- 6) My occupation: _____

On questions 7 through 11c, please circle your response.

- 7) Your general interest in things "psychological" or things "self help" is:

No Interest	Slight Interest	Some Interest	Quite Interested	Very Interested
0	1	2	3	4

- 8) In your judgment, is the format or radio commentaries a useful way of obtaining helpful information?

Not Useful	Slightly Useful	Somewhat Useful	Quite Useful	Very Useful
0	1	2	3	4

9) Your reaction to commentator, Burt Bertram,

a) regarding his likeability, he seems:

Not Likeable	Slightly Likeable	Somewhat Likeable	Quite Likeable	Very Likeable
0	1	2	3	4

b) regarding his knowledge or expertise, he seems:

Not Expert	Slightly Expert	Somewhat Expert	Quite Expert	Very Expert
0	1	2	3	4

c) regarding his general trustworthiness, he seems:

Not	Slightly	Somewhat	Quite	Very
· · · · ·	· · · · ·	Trustworthy	· · · · ·	· · · · ·
0	1	2	3	4

10) How easy to understand or comprehend are Burt Bertram's commentaries:

Not	Slightly	Somewhat	Quite	Very
· · · · ·	· · · · ·	Understandable	· · · · ·	· · · · ·
0	1	2	3	4

11) Regarding the specific series, "How To Tell Someone Something They Don't Want To Hear, But Need To Hear," (regardless of how many or how few you actually listened to), please answer the following:

a) As a result to thinking about the topic, have your thoughts or beliefs about the positive effects of personal confrontation changed?

No Change	Slight Change	Some Change	Quite A Change	Very Much Changed	I Didn't Need To Change
0	1	2	3	4	5

Comment: _____

- b) Have your personal feelings (i.e., confidence) about the potential positive effects of personal confrontation changed as a result of the commentary series?

No More	Slightly More	Somewhat More	Quite A Bit More	Very Much More	I Was Already
0	1	2	3	4	5
			Confident		

Comment: _____

- c) In the future with regard to personal confrontation, what do you intend to do?

Not Become	Become	Become	Quite A Bit More	Become	I'm Already
Become	Slight	Somewhat	A Bit More	Very Much	Enough
0	1	2	3	4	5
			Confrontive		

Comment: _____

- d) Since listened to the commentary series, have you in fact behaved (taken action) in a more confrontive manner than is generally true of your style?

_____ Zero (0)

_____ Once

_____ Three times

_____ Twice

_____ Four or more times

Comment: _____

- 12) Is there anything about this questionnaire that you did not understand?

- 13) In the future I would like to hear commentaries addressing the following subjects:

RETURN QUESTIONNAIRE TO:

David Sousa - WJYQ-FM - 2001 Mercy Drive - Orlando, 32808

APPENDIX C
LETTER OF INTRODUCTION TO SUBJECTS

Dear Listener:

As a regular WJYQ listener I'm sure you are familiar with the Burt Bertram commentary series, "Everything Makes A Difference." Recently, during the weeks of July 11th - 22nd, Burt Bertram presented a special series, titled, "How to Tell Someone Something They Don't Want To Hear But Need To Hear." We, at the radio station, would very much appreciate some feedback regarding the effect (if any) the series had on you. Would you take just 10 minutes right now to complete our questionnaire?

To say thank you for your help, we would like to invite you to participate, without charge, in Burt Bertram's "The Best-Stressed People in Town" seminar scheduled for Monday evening, August 29th, from 7:30 PM to 9:30 PM at the Langford Hotel in downtown Winter Park. Your free ticket is included.

Please return your questionnaire today! I'll look forward to seeing you on August 29th at the WJYQ-Burt Bertram "The Best Stressed People in Town" seminar!

Sincerely,

David Sousa

Vice President for Programming

APPENDIX D
TREATMENT COMMENTARIES

How To Tell Someone Something They Don't Want To Hear
But Need To Hear

Commentary One

Hello, I'm Burt Bertram

EVERYTHING MAKES A DIFFERENCE

"Boy...would I like to set the record straight with him."
"I know she doesn't want to hear about it -- but I've got
to tell her."

Nearly every day you are faced with telling someone something they don't want to hear. The someone man be a member of your family, a friend, or social acquaintance, or it may be someone at work -- a colleague or perhaps even your boss.

Telling someone something they don't want to hear, but need to hear is called confrontation -- the stomach churning, gut knotting, scalp tightening, heart throbbing, and head pounding process of telling someone something difficult. It is the act of putting yourself on-the-line; clearly stating your needs, wants, likes, feelings, desires, hopes, and fears -- the raw, honest, vulnerable you.

There is a skill associated with effective interpersonal confrontation. It's called "assertive

communication." Assertiveness is defined as the act of declaring oneself, of stating; "This is who I am, what I think, and what I feel." It is an active, rather than passive, approach to life.

When it becomes necessary for you to confront another person relative to their behavior, or attitude, or some other issue of mutual concern, responsible communicators are guided by the desire to "get the message across" without making an already tense situation worse.

Assertive communication is clear, clean, straightforward talk that doesn't play games. Assertive communicators confront in such a way that the receiver is not automatically pushed into a knee-jerk defensive response. Communicating assertively affirms your respect for the other person, as well as your respect for yourself. No one -- not you, not the receiver -- is put down as a result to the interaction.

Confronting someone assertively is an invitation, albeit strong invitation, intended to encourage that person to examine their behavior. It is an invitation to self examination and then to productive problem solving.

Today is installment #1 of a six part series on How To Tell Someone Something They Don't Want To Hear But Need To Hear. As such, you have some homework for Wednesday. Look around your world, at work and at home. See who it

is you really need to say something important to. Begin to accustom yourself to the idea, and to the feelings that occur in you when you consider saying what you know needs to be said.

On Friday of next week, when we finish, you will be ready to tackle that special issue in your life that needs to be confronted.

For WJYQ-FM, I'm Burt Bertram

. . . be gentle with yourself.

Commentary Two

Hello, I'm Burt Bertram

EVERYTHING MAKES A DIFFERENCE

Welcome to installment #2 on "How To Tell Someone Something They Don't Want To Hear But Need To Hear."

You did your homework, didn't you? The issue is assertive communication. Let's define some terms. I want to clarify three different communication styles.

The first style is called "non-assertive." It is characterized by self denial, "It just doesn't matter, it's not worth bringing up, it wouldn't help anyway." Non-assertive communicators placate, always appearing to place the needs of others ahead of their own, but always feeling ripped-off, used, and taken advantage of. Sound familiar? The non-assertive person is always ready to apologize, to back down rather than handle any interpersonal heat or pressure. The watch word of non-assertive communication is appeasement, and as Winston Churchill said, "An appeaser is one who feeds a crocodile --hoping it will eat him last." Non-assertive communicators erroneously believe that if they give in and give up long enough, eventually someone will reward their long suffering. Unfortunately non-assertive people are so easily over-looked that they are frequently mistaken for a piece of furniture -- sometimes functional, but having no inherent rights.

The second communication style is called "aggressive." Aggressive communication is frequently confused with assertive communication. Nothing could be further from the truth. Communicating aggressively implies an active depreciation of other people. The aggressive communicator doesn't care what it takes. He/she is determined to have their way no matter the expense to others. This person routinely makes choices for other people and in so doing communicates a sense of disapproval about that person. The aggressive behavior of this type of communicator clearly states: my needs are paramount; your needs are expendable -- fact is . . . you're a worm.

And thirdly, the primary topic of our discussion is "assertive communication." Unlike the "non-assertive" who is unwilling to acknowledge their own needs, or the "aggressive" who is unwilling to acknowledge the needs of others, the assertive communicator is committed to caring about themselves but not at the expense of others. No one need be put down with assertive communication, yet the issue will be resolved!

On Friday I will begin to detail a step-by-step approach that you can use to assertively communicate your ideas and feelings. Until then, here's your assignment.

Without clueing anyone in, become a careful observer. Note, who in your world is "non-assertive," who is

"aggressive," and who communicates "assertively." Make a list of the people and of your response to their communication style.

For WJYQ-FM, I'm Burt Bertram

. . . be gentle with yourself.

Commentary Three

Hello I'm Burt Bertram

EVERYTHING MAKES A DIFFERENCE

Today, the third installment of our six part series on "How To Tell Someone Something They Don't Want To Hear But Need To Hear" will focus on five important considerations that should factor in to your decision to assertively confront another person. Here they are:

- 1) Assertive confrontation, whether with your spouse, child, parent, friend, neighbor, store clerk, or work associate will lead to increased involvement with the person. Because when you assertively present yourself, you come out from behind all the social masks. You say, "Here I am, this is me," and in so doing the other person is invited to risk sharing their real self.
- 2) Because of this increased personal involvement, you need to decide whether you desire to become more personally known by the other person. As for myself, I can't imagine the harm in being known but for some of you, you may want to restrict your assertive communication to the people you care most about.
- 3) The timing of an assertive communication is critical. As the confronter, you have the responsibility to assess the other person's ability to handle your message at any given time. Remember, if all you wanted to do was "chew

them out," you wouldn't have worry about timing, but then again, you wouldn't be communicating assertively.

4) The strength or intensity of the confrontation must be geared to the strength of the relationship. In other words, there is no need in using a bazooka when a fly swatter will do the job.

5) When actually engaged in the confrontation, be absolutely certain to present facts as facts, feelings as feelings, and opinions as opinions.

If you confuse facts, feelings, and opinions, your credibility becomes suspect and the other person does not enjoy the benefit of a clear message.

On Monday we will begin the process of constructing your confrontation message. By now I'm sure you have the person you intend to confront clearly in mind. So, here's your assignment.

Over the weekend I want you to carefully weigh the five considerations I've just mentioned. You have a decision to make. Do you really want to confront the person, or do you just want revenge or to punish them? On Monday you will need an answer to that critical question.

Have a good. . . but thoughtful weekend. I'll talk with you on Monday.

For WJYO-FM, I'm Burt Bertram

. . . be gentle with yourself.

Commentary Four

Hello, I'm Burt Bertram

EVERYTHING MAKES A DIFFERENCE

Glad to see you've made your decision. It's time -- you're ready to "Tell Someone Something They Don't Want To Hear But Need To Hear," aren't you?

There are five parts or steps to the construction of a good assertive confrontation message. May I suggest you write down as I go through the list.

Step 1: The Preface Statement or The Statement of Intent

This is where you get the other person's attention. It goes something like this:

"I have something I need to talk with you about -- and I see it as potentially a difficult issue. So, before I jump into it, I want you to know I'm a little on edge, but I'm confident we can find a way to deal with this issue."

(. . . Got it? . . . OK . . .)

Step 2: Your Observation

Remember we talked on Friday about being sure not to confuse facts, feelings, and opinions? Well, this step involves the facts -- "just the facts, madam -- only the facts."

You might want to say something like:

"Let me outline what I have noted; what I have observed about this situation, is . . . "

Then go on and present a very brief capsule of the facts.

(. . . On board? . . . Next . . .)

Step 3: Disclose the Impact of the Situation Upon You

Now is the time for feelings and opinions. Tell the other person what it's like for you as a result of this situation. As an example:

"I've really been inconvenienced. This situation has cost me hours of needless frustration. I'm uncomfortable -- I'm embarrassed -- I'm angry -- and I'm finding that I'm becoming preoccupied with this situation."

(. . . Clear? . . . Good . . .)

Step 4: Defining Ownership of the Problem

This is the place where you communicate clearly that you have a problem and that, as a consequence the relationship has a problem. This is the time that you become most clearly assertive by saying:

"As you can see . . . I have a problem and because of that I'm here, and therefore, you have a problem. What I want to know is what are you willing to do in order to help us resolve our problem?

Step 5 is where it is made or lost, therefore, we will devote all of Wednesday's time to an indepth look at the skill of Clarifying Your Message, Defusing Defensiveness, and Hanging In There.

With today's information you are ready to begin constructing your confrontational message. By Wednesday see if you can construct, in writing, the body of your confrontive message. Remember, keep it clean and lean, but don't hesitate to express your true thoughts and feelings.

See you them.

For WJYQ-FM, I'm Burt Bertram

. . . be gentle with yourself.

Commentary Five

Hello, I'm Burt Bertram

EVERYTHING MAKES A DIFFERENCE

There are five steps to an effective confrontation message. The first four we talked about on Monday, but as a refresher they are:

- 1) The Statement of Intent - The Preface
- 2) Your Observations - just the facts
- 3) The Impact of the Situation on You - your feelings and opinions, stated clearly
- 4) Defining Ownership of the Problem - "I have a problem, and I'm here, now you and I have a problem. What are you willing to do in order to help us resolve our problem?

Today, Step 5 has three parts:

- a) Clarifying Your Message
- b) Defusing Defensiveness, and
- c) Hanging In There

Clarifying your message is very important. It is likely you gave the person a lot of information quickly. They may not have been able to assimilate the total message all at once and, therefore, may need you to repeat or clarify some part of your message. However, let me caution you, don't get side-tracked! Clarify, restate and define, explain to a point, but don't camouflage your

confrontation with a blizzard of words. Silence is an effective technique. The weight of your words will sink in if you give them five or ten long seconds of silence.

Likely, you will need to deal with the defensiveness of the other person. No matter how carefully you've constructed your message, defensiveness is a usual outcome. Handling defensive comments is really easy if -- and I want to stress if -- you don't get caught up in what the other person is saying. This is where the "Hanging In There" technique comes into play. The person may be yelling, screaming, accusing, threatening, cursing, crying, or any other typical dodge. Your response should go like this:

"I see you're upset about what I've had to say. . . and that you want me to talk about your issue. I can't and I won't do that until we face this issue and resolve it. What are you willing to do to solve this problem?"

You may need to say this half a dozen times until the person finally realizes that you are serious and that they cannot flip flop off the hook. Let's say it together, so you really get the feel. Ready. . .

"I see you're upset about what I've had to say. . . and that you want me to talk about your issue. I can't and won't do that until we face this issue and resolve it. What are you willing to do to solve this problem?"

The effectiveness of your assertive message hinges on your willingness to Hang In There and see it through. If you allow yourself to get side-tracked or if you give up, your efforts will be for not!

Congratulations, you are almost ready to take the plunge. Two things I want you to do for Friday. First, in your own words, write down your version of the "defensiveness defuser" we just learned. Mentally practice it -- in private say it out loud so you're accustomed to the sound of those words coming out of your mouth. Second, have a long talk with yourself, because after Friday . . . you will be ready!

For WJYQ-FM, I'm Burt Bertram

. . . be gentle with yourself.

Commentary Six

Hello, I'm Burt Bertram

EVERYTHING MAKES A DIFFERENCE

Welcome to the final and likely most important segment of our six part series on personal confrontation. Today's the day we put it all together. . . and later today, or tomorrow, or very soon you will be testing what you've learned in the only arena that counts. . . the real world.

Let's do a quick review.

First off, there are several critical considerations that you need to weigh prior to the decision -- should I confront assertively or should I be non-assertive (like a doormat) or aggressive (like the SOB down the street). Remember, assertive confrontation increases intimacy, so don't confront if you aren't interested, genuinely interested, in improving the quality of your relationship. It is important to gauge the timing and the strength of the confrontation to coincide with the realities of time, place, the topic at issue, and the current strength of the relationship. When you do confront, be sure, absolutely sure, to present facts as facts, feeling as feelings, and opinions as opinions. Once you have those considerations firmly in mind, you are ready to construct your message. A good confrontation message has five steps.

- 1) The Statement of Intent - The Preface

- 2) Your Observation - just the facts
- 3) The Impact of the Situation on You -- tell it like it is -- with emotion if you want
- 4) Defining Ownership of the Problem -- I have a problem and I'm here. Now you have a problem. What are you willing to do in order to help us resolve our problem?
- 5) Three parts
 - a) Clarifying Your Message
 - b) Defusing Defensiveness, and
 - c) Hanging In There

Now, I have a couple of questions for you. Actually, I would like you to ask yourself:

- 1) What do you think -- what do you believe about assertive confrontation? Is not "assertive" significantly more logical than "non-assertive" or "aggressive?"
- 2) What is your attitude --what are your personal feelings about engaging assertively in a confrontation? Is the potential discomfort of doing it really worse than the discomfort of not doing it?
- 3) What are your intentions? Are you going to modify or perhaps alter your confrontation style in the future?

Well, it's commitment time -- time to actually do it! By now you should have rehearsed your part, as well as thought through how you will defuse the defensiveness you will receive.

For your continued growth let me recommend that after you finish -- in private write down for yourself a summary of what happened. After all, Rome wasn't built in a day. Practice makes perfect, and all that. . . So keep a record, refer to it, study it, and plan how you can improve your skill for your next assertive confrontation.

Go get'em tiger!!!

For WJYQ-FM, I'm Burt Bertram

. . . be gentle with yourself.

APPENDIX E HOMEWORK ASSIGNMENTS

Commentary One

Look around your world, at work and at home. See who it is that you really need to say something important to. Begin to accustom yourself to the idea and to the feelings that occur in you when you consider saying what you know needs to be said.

Commentary Two

Until Friday here's your assignment. Without clueing anyone in, become a careful observer. Note, in your world who is "non-assertive," who is "aggressive," and who communicates "assertively." Make a list of the people and of your internal response to their communication style.

Commentary Three

By now I'm sure you have the person you intend to confront clearly in mind. Over the weekend I want you to carefully weigh the five considerations I've just mentioned. You have a decision to make. Do you really want to confront the person, or do you just want revenge or to punish them? On Monday you will need an answer to that critical question.

Commentary Four

You are ready to begin constructing your confrontational message. By Wednesday see if you can construct in writing, the body of your confrontive message. Remember, keep it clean and lean, but don't hesitate to express your true thoughts and feelings.

Commentary Five

Congratulations, you are almost ready to take the plunge. Two things I want you to do for Friday. First, in your own words write down your version of the "defensiveness defuser" we just learned. Mentally practice it -- in private, say it out loud so you become accustomed to the sound of those words coming out of you mouth. Second, have a long talk with yourself because after Friday. . . you will be ready!

Commentary Six

It's commitment time -- time to actually do it! By now you should have your part written out, and you should have thought through how you will defuse their defensiveness. For your continued growth let me recommend that after you finish, in private, write down for yourself a summary of what happened. After all, Rome wasn't built in a day, practice makes perfect, and all that. . . So keep a record, refer to it, study it, learn from it, and plan how you can improve your skill for your next assertive confrontation.

APPENDIX F
SUBJECTS DEMOGRAPHIC CHARACTERISTICS

Sex

Subject Responses (N=108)

Sex	Responses	% of Total
Male	32	29.6
Female	76	70.4
	108	100.0

Age

Subject Responses (N=108)

Age Group	Responses	% of Total
20's	26	24.1
30's	44	40.7
40's	24	22.2
50's	13	12.0
60's	1	.9
	108	100.0

Education

Subject Responses (N = 108)

Education Level	Responses	% of Total
Less than High School	1	.9
High School Graduate	12	11.1
Some College	46	42.6
College Graduate	26	24.1
Advanced Degree	21	19.8
No Response	2	1.9
	108	100.0

Occupation

Subject Responses (N=108)

Occupation	Responses	% of Total
Professional	30	27.8
Business	20	18.5
Clerical	50	46.3
Blue Collar	1	.9
Homemaker	6	5.6
No Response	1	.9
	108	100.0

Interest in Psychological Issues

Subject Responses (N=108)

Degree of Interest	Responses	% of Total
(0) No Interest	0	0
(1) Slight Interest	4	3.7
(2) Some Interest	11	10.2
(3) Quite Interested	29	26.9
(4) Very Interested	62	57.4
No Response	2	1.9

APPENDIX G
COMMENTARIES HEARD: FREQUENCIES

Treatment Commentaries Heard

Subject Responses (N=108)		
	Responses	% of Total
One Commentary	22	20.4
Two Commentaries	32	29.6
Three Commentaries	24	22.2
Four Commentaries	14	13.0
Five Commentaries	1	.9
Six Commentaries	14	13.0
No Response	1	.9
	108	100.0

Mean: 2.8 Commentaries

Mode: 2.0 Commentaries

APPENDIX H
TREATMENT OUTCOME MEASURES: FREQUENCIES

Belief Change

Subject Responses (N=108)

	Responses	% of Total
No Change	17	15.7
Slight Change	13	12.0
Some Change	47	43.5
Quite a Change	18	16.7
Very Much Change	3	2.8
No Need to Change	7	6.5
No Response	3	2.8
	108	100.0

Mode: Some Change

Attitude Change

Subject Responses (N=108)

	Responses	% of Total
No More Confident	14	13.0
Slightly More Confident	18	16.7
Some More Confident	34	31.5
Quite a Bit More Confident	14	13.0
Very Much More Confident	6	5.6
Already Confident	18	16.7
No Response	4	3.7
	108	100.0

Mode: Some More Confident

Intention Change

Subject Responses (N=108)

	Responses	% of Total
No Intention to Change	1	.9
Become Slightly More	18	16.7
Become Some More	29	26.9
Become Quite More	25	23.1
Become Very Much More	9	8.3
Already Enough	22	20.4
No Response	4	3.7
	108	100.0

Mode: Become Some More

Behavior Change

Subject Responses (N=108)

	Responses	% of Total
No Change	32	29.6
Changed Behavior (at least once)	67	62.1
No Response	9	8.3
	108	100.0

APPENDIX I
CHANNEL VARIABLE: FREQUENCIES

Radio Commentaries As Useful

Subject Responses (N=108)

	Responses	% of Total
(0) Not Useful	1	.9
(1) Slightly Useful	2	1.9
(2) Somewhat Useful	19	17.6
(3) Quite Useful	45	41.7
(4) Very Useful	39	36.1
No Response	2	1.9
	108	100.0

Mean: (3.1) Quite Useful

Mode: (3.0) Quite Useful

APPENDIX J
SOURCE VARIABLES: FREQUENCIES

Commentator As Likeable

Subject Responses (N=108)

	Responses	% of Total
(0) Not Likeable	1	.9
(1) Slightly Likeable	4	3.7
(2) Somewhat Likeable	10	9.3
(3) Quite Likeable	53	49.1
(4) Very Likeable	38	35.2
No Response	2	1.9
	108	100.0

Mean: (3.2) Quite Likeable

Mode: (3.0) Quite Likeable

Commentator As Expert

Subject Responses (N=108)

	Responses	% of Total
(0) Not Expert	1	.9
(1) Slightly Expert	6	5.6
(2) Somewhat Expert	25	23.1
(3) Quite Expert	50	46.3
(4) Very Expert	24	22.2
No Response	2	1.9
	108	100.0

Mean: (2.8) nearly Quite Expert

Mode: (3.0) Quite Expert

Commentator As Trustworthy

Subject Responses (N=108)		
	Responses	% of Total
(0) Not Trustworthy	1	.9
(1) Slightly Trustworthy	4	3.7
(2) Somewhat Trustworthy	20	18.5
(3) Quite Trustworthy	56	51.9
(4) Very Trustworthy	22	20.4
No Response	5	4.6
	108	100.0

Mean: (2.9) nearly Quite Trustworthy

Mode: (3.0) Quite Trustworthy

APPENDIX K
MESSAGE VARIABLE: FREQUENCIES

Commentaries As Understandable

Subject Responses (N=108)		
	Responses	% of Total
(0) Not Understandable	1	.9
(1) Slightly Understandable	2	1.9
(2) About Average	13	12.0
(3) Easy to Understand	37	34.2
(4) Very Easy to Understand	53	49.1
No Response	2	1.9
	108	100.0

Mean: (3.3) More than Easy to Understand

Mode: (4.0) Very Easy to Understand

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BIOGRAPHICAL SKETCH

After graduating from Florida Atlantic University in 1968 with a B. S. in Education, Burt Bertram entered the United States Air Force. In 1969, while stationed at McCoy Air Force Base in Orlando, Florida, Burt became involved as a volunteer crisis intervention telephone "counselor" with the local teen hotline and suicide prevention service. As a volunteer, he helped to create Central Florida's first on-the-scene crisis intervention service. After completing his military commitment Burt accepted a position with The Green House Family Counseling Center in Orlando, where ultimately, he became Clinical Director of Counseling. During this period he completed a master's degree in counseling (M.Ed.) at the University of Central Florida under the direction of Dr. Robert M. Bollet.

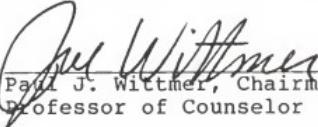
Since 1977, Burt Bertram has been in private practice in Central Florida. As a private practitioner, he has expanded the scope of his professional endeavors to include a wide variety of "people work" activities. In addition to his regular counseling practice, Burt has become recognized as a speaker, consultant, and staff development trainer for local and national organizations and associations on stress management, team building,

leadership, conflict resolution, and professional renewal. As a mental-health radio commentator and call-in host, he has written and broadcast over 300 radio commentaries.

Burt has been an active member, conference presenter, and leader in several professional organizations. He is the immediate past-president of the Florida Association for Counseling and Development and a past-president of the Florida Mental Health Counselors Association. Nationally, through the American Association for Counseling and Development (AACD), Burt has been a member of the special National Task Force on Counselor Image and currently serves as a trustee on the AACD Insurance Trust. As a professional counselor in the state of Florida, Burt Bertram holds licenses as a marriage and family therapist and a mental health counselor.

Burt, and wife Leilani, live in Winter Park, Florida, where they share in the raising of his four children.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Education.



Paul J. Wittmer, Chairman
Professor of Counselor Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Education.



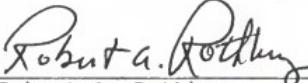
Woodroe M. Parker
Professor of Counselor Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Education.



Robert M. Bollet
Assistant Professor of Counselor Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Education.



Robert A. Rothberg
Professor of Educational Leadership

This dissertation was submitted to the Graduate Faculty of
the College of Education and to the Graduate School and
was accepted as partial fulfillment of the requirements
for the degree of Doctor of Education.

May 1987

David C. Smith

Dean, College of Education

Dean, Graduate School